



County Borough of Southampton.

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# Annual Report

ON

SCHOOL MEDICAL WORK

For the Year 1936,

BY

H. C. MAURICE WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.,

*School Medical Officer and Medical Officer of Health*

FOR THE

*County Borough and Port of Southampton.*





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COUNTY BOROUGH of SOUTHAMPTON.  
1936.

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ANNUAL REPORT

OF THE

Medical Officer to the Education Committee

ON THE

SCHOOL MEDICAL SERVICE.

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STAFF.

*Medical Officer of Health and School Medical Officer :—*

H. C. MAURICE WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

*Senior Assistant School Medical Officer :—*

J. D. DEAR, M.B., CH.B., D.P.H.

*Assistant School Medical Officers :—*

W. STEWART, M.B., CH.B., D.P.H. (Left 15/6/36).

ESTHER ASHWORTH, M.B., CH.B., D.P.H., D.T.M. (Left 31/12/36).

A. CARLING, B.M., CH.B., D.P.H. (Commenced 2/6/36).

JULIA C. H. AVERY, M.D., B.S.(LOND.), M.R.C.S., L.R.C.P.  
(Commenced 7/1/37).

†S. CHALMERS PARRY, M.R.C.S., L.R.C.P., D.P.H.

†DORA E. L. BUNTING, M.D., B.S., D.P.H.

‡R. SLATER, M.B., CH.B., D.P.H.

(† Secondary Schools only.)

(‡ Physical Examinations only.)

*Ophthalmic Surgeon (part time) :—*

J. KEYMS, M.D., D.O.M.S.

*Aural Surgeon (part time) :—*

R. EVANS, M.D., F.R.C.S. (Ed.), D.L.O.

*Orthopædic Surgeon (part time) :—*

H. HEBER LANGSTON, M.B., B.S., F.R.C.S. (Eng.).

*Dental Surgeons :—*

K. W. EADY, L.D.S., R.C.S., Senior Dental Officer.

L. J. HAWORTH, L.D.S., R.C.S.

H. E. PICKERING, L.D.S., R.C.S.

MISS B. M. DAVIES, L.D.S., R.C.S.

*Health Visitors and School Nurses :—*

Superintendent :—MISS C. M. RITCHIE.

Assistant Superintendent :—MISS J. M. EVANS.

Health Visitors :—MISS L. PRESTON, MISS M. PINK, MISS BRYETT, MISS D. QUARRELL, MRS. E. STEPHENS, MISS L. CAMBRIDGE, MISS G. STEER, MISS K. CLACK, MISS C. JENKINS, MISS A. JACKSON, MISS M. HODGKINS, MRS. M. RIDGEWAY, MISS R. CHAPMAN, MISS D. GIRDLE.

East Park Terrace Clinic :—\*MISS A. RYDER.

Sydney House Clinic :—MISS M. C. SAMSON.

Orthopædic Nurse and Masseuse :—MISS G. SIMONS.

Assistant Nurses :—\*MISS K. STONE, \*MISS M. G. LAUDON, MISS B. STARKES.

(With the exception of those marked \*, who are full time members of the School Medical Department, the Health Visitors give 4/15ths of their time to the School work.)

*Clerical Staff :—*

Senior Clerk :—J. E. G. HARRIS, A.C.I.S.

Clerks :—G. LANE, MISS J. A. TINGEY, MISS F. FRENCH, MISS D. REED, G. FOLLETT.



## TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

As School Medical Officer to the Education Committee, I have the honour to present my sixth Annual Report, which is the twenty-ninth of the series dealing with the work of medical inspection, treatment, and the physical condition of the children attending the Elementary Schools in the County Borough, and the seventeenth Report on the work carried out in the Secondary Schools.

Progress was continued ; a permanent increase in the clerical staff was authorised and 1936 was the first year with the augmented personnel. This resulted in much easing of the pressure which had been experienced previously and enabled certain necessary revisions of our work to be carried out.

As you will see from the list of staff on the previous pages, several changes have taken place during the year. Dr. Stewart left us in June to take up an appointment in Staffordshire, and Dr. Ashworth left in December. Dr. Alan Carling and Dr. Julia Avery filled the vacant positions.

Several changes have also taken place among the Health Visiting Staff, and one extra Health Visitor was appointed.

No new Clinics or extensions were commenced during the year, but plans have been drawn up for the building of an up-to-date Orthopædic Department on a site next to the existing Dental Clinic and Waiting Room. This extension will provide room for a large Consulting Room, with Plaster Room adjoining, and extra waiting space on the ground floor. On the first floor there will be a gymnasium with shower baths and modern equipment for remedial exercises, rooms equipped to administer electrical treatment and cloak-rooms. In addition the stairs giving access to the first floor will provide an entrance to the Dental Surgery on the first floor of the adjoining building ; this will enable the children to leave the building by the existing entrance to the Surgery so that patients who have received treatment need no longer meet the arriving patients.

The new building will have a flat roof on which the children can indulge in natural sun-bathing when the weather permits. A new heating system for both buildings will be installed.

A block plan of the new premises will be found at the end of the report.

The new Sunlight Clinic proposed for Sydney House could not be commenced owing to the necessity for certain structural alterations and redecorations, but it should be possible to begin early in 1937.

The approval of the Board of Education for the establishment of a Child Guidance Clinic was received during 1936, but, owing to the lack of accommodation, only preliminary plans have been made. When the new Maternity Unit is opened at the Borough Hospital in May, 1937, certain rooms at No. 2 East Park Terrace will be utilised for the School Medical Department Clerical Staff and the Child Guidance Clinic, and the Vicarage will house the Health Visiting, Maternity and Child Welfare, and Midwifery Staffs.

The re-inspection of children who had refused dental treatment at the routine dental inspections was undertaken in some schools during the year. This scheme had a very considerable success and will be extended to all schools in 1937. In addition certain other revisions will be made in the Dental Department. Each dentist will undertake the inspection and subsequent treatment of a group of schools, so that the children will always be treated by the same dental officer. The idea was suggested by the fact that the Woolston area served by the dentist at Sydney House Clinic showed a higher acceptance rate than the western side of the town.

During 1936 a Corporation Bill was drafted, and amongst the provisions for which Parliamentary sanction will be sought are the following :—

Sec. 34. The Corporation may make bye-laws—

- (a) for securing the adequate heating, lighting and ventilation of premises used as a school not maintained by the Corporation ; and
- (b) for securing the provision at such premises of adequate washing and closet accommodation for children attending there for the purposes of education, and adequate facilities for drying the clothes of such children.

One of the Assistant Medical Officers inspected certain private schools, and extracts from his report are given :—

“ As no powers of entry at present exist, it was not feasible to conduct an investigation on a large scale, since opposition was to be expected from the schools catering for children of the professional classes. Indeed, the only flat refusal of inspection came from the Principal of an apparently well-designed school in a

residential district. There was hearsay evidence that five premises were unsatisfactory in varying degree; five others were selected at random. Whilst it would not be fair to compare a private dwelling-house used as a school for twenty children with a public elementary school designed to hold four hundred, at least one might reasonably expect that such small schools should approximate to each other in matters affecting the scholars' health. It will be seen from the detailed reports submitted that such is certainly not the case. It was fortunate that one school visited appeared to be a model of what a kindergarten school should be, whilst three others seemed highly satisfactory in most respects. The rest fell distinctly below the level of these four to a greater or less extent. Whilst it is unwise to draw definite conclusions from only ten reports, it is quite clear that some form of statutory supervision is highly desirable. In an inspection of this kind the Medical Officer has to rely largely on his impressions as regard cleanliness of the rooms and the children, and to the general atmosphere of the premises. It is certain that in two cases the conception of what constitutes cleanliness falls below that of the community in general.

“ Regarding ventilation, it is safe to say that, whilst the rooms can be adequately aired, sufficient trouble is not always taken to open windows, etc. This point was well brought out in one case. Regarding lavatory accommodation, it can be said that generally speaking this is inadequate, since there is often only one W.C. It is desirable that at least there should be one W.C. for each sex, but a second one could not be added to certain private dwelling-houses without considerable expense.

“ Lastly, but not least, the question of danger to life in the event of fire must always be one of the chief objections to the use of a private dwelling-house as a school, unless the building is especially adapted for the purpose. This point is well brought out in the case of one particular school, where the stairs are relatively easy of descent and well-lighted. Should this route of exit be blocked, however, there would be no alternative save to jump from the first floor windows. In the case of another, the staircase is as dangerous as it could be in this respect.”

Later I visited certain schools myself, and concur with the general opinions expressed in this report.

The difficult problem of the nutrition of the children has again exercised the Medical Officers of the Department. The statistical tables show little variation from last year, and, as I show in a comparative table later in the Report, the figures are rather better than those for England and Wales. The

difficulty of accurate assessment at the routine inspections, the lack of any definite and rapid method of determining whether a child is "sub-normal" has led to many authorities investigating this question, and various tests have been used by them in the assessment of such conditions. The latest scheme is that of establishing "Nutrition Clinics," and it appears to be meeting with success in certain areas controlled by the larger authorities. In Southampton it is felt that in certain of the children referred to clinics, doctors, and hospitals for the treatment of various diseases, defective nutrition is either an underlying cause or a contributory factor. Investigation is the only method of proving or disproving our fears on this ground, and, should time permit, some efforts will be made to ascertain in a more definite manner the nutritional condition of these children. During the year, however, the Medical Officers were so occupied with routine and other duties that it was impracticable to introduce any special investigation as to this matter.

As I stress in various quotations in the section devoted to Nutrition, this term should not be taken to mean "underfeeding." While it is doubtless true that a considerable number have great difficulty in managing on slender incomes, the Free Meals Centres and the other schemes of your Committee, aided by the efforts of the teachers in referring to the department all children suspected of not obtaining sufficient food, have done much to prevent the more obvious forms of bad nutrition. We are endeavouring to raise the standard of past years, and thereby reduce the incidence of any form of "malnutrition," whether caused by faulty diet, unsuitable environment or lack of fresh air or exercise.

During 1936 we examined for the first time children who were employed after school hours. The general condition of these children was satisfactory, and it was only necessary to refuse the application of one child.

In the introduction to my 1935 Report I suggested that some modification of the present system of examining children at the ages of five, eight, and twelve years would have to be considered at a later date, when the raising of the school leaving age becomes operative. Revision of the present system has also exercised other School Medical Officers, and several drastic reforms have been mooted. It has been suggested that there should be a reduction in the number of routine examinations, and that some more continuous form of medical supervision should be instituted. In a paper given to the Society of Medical Officers of Health, Dr. Cronk, the School Medical Officer for Hampshire, put forward the following suggestions:—

- (a) It is obvious that the teacher has no first-hand knowledge of the pupils at entrance to school. The Medical Inspector should, therefore, in conjunction with the parent and the Health Visitor, who have followed these children from birth, make a routine examination of all such children at his first visit to the school after their admission. This examination should not be limited to weighing and measuring, examination of throat and respiratory system, examination of heart and circulatory system, but be combined with a general and searching examination directed to detect any abnormalities of development, or to any special points arising out of the child's past history, and known to the Medical Inspector himself, or to the parent or Health Visitor.
- (b) After the first examination of all entrants by the Medical Inspector, he will limit his inspection in the following manner, and visit the schools for this purpose frequently, at least twice a term :—
  1. Those found defective by him at a previous inspection.
  2. Those picked out by the head teacher for the following reasons :—
    - (a) Because abnormal as regards height or weight, i.e., defective growth, either diminished or increased.
    - (b) Because pallid, tiring easily, showing undue breathlessness or other signs of lowered functional efficiency.
    - (c) Because they cannot see normally.
    - (d) Because they appear to lack normal intelligence.
    - (e) Because they appear to suffer from any other defect, such as defective posture, sores, running ears or defective hearing, squint or conjunctivitis, etc.
    - (f) Because they have been absent sick either repeatedly or for a continuous period of two weeks or more since the last inspection.
  3. Those cases referred to him by the parent.
  4. Children in employment.

The children in the above groups would not necessarily have a complete examination, but one aiming at detecting, and furnishing a remedy for, the cause of the defect.

Sir Arthur MacNalty, commenting on this, remarks : “ It must be a matter for regret that ‘ the attendance register has not been regarded as a most important medical document.’ ”

Other Medical Officers express opinions which are very similar to those of Dr. Cronk. Dr. Auden, of Birmingham, says : " The time is ripe for the reconsideration of the scheme of medical inspection as laid down by the Board of Education, and for the advocacy of a less rigid system than one which entails the medical examination of very large numbers of healthy children on the chance that some unknown defect may be discovered and subsequently treated."

Yet other Medical Officers consider that the present system should be extended by the addition of the examination of a fourth age group, but it is generally agreed that the examination of the entrants must be retained.

The opinion in Southampton is that any curtailment of routine medical inspection would be definitely retrograde. The routine inspections afford an opportunity of determining the progress of every child, of obtaining negative information as well as evidence of defects ; this is often of great value in later diagnosis. It is admitted that many of the defects found at the routine examinations are already under treatment, but it is felt that these are most likely to be the cases brought forward by the parents and teachers in any other form of survey. The less obvious, though not the least dangerous, defects would possibly escape attention until progression had rendered treatment more difficult. A case in point is that of a boy whose vision showed rapid deterioration, and when this was found at routine inspection both teacher and parent expressed surprise. It transpired that the boy had been sitting in the front of the class, and no difficulty had arisen over his seeing the blackboard.

The standards adopted by many people in the assessment of intelligence do not correspond with those of the Certifying Officer ; in certain schools it is possible for considerable individual attention to be given to retarded children, and the teachers desire to retain them, while in other schools the same care is not possible, and their transfer to another type of school is requested. To rely upon the teacher to bring forward children is to throw too great a responsibility upon a lay person however clearly regulations are laid down for their guidance.

While we, in Southampton, cannot do all that we would desire the underlying base of our scheme is as follows. Children up to the age of two years are cared for at the Welfare Centres, and, as far as time permits, children between two and five are also dealt with. At the Sydney House Clinic a Pre-School Child Clinic has been running for some time in order to cope with the children between the ages of two and five. The records of

these children will become available to the Medical Officers in increasing numbers in the next year or so. At the entrant examination the presence of the parents and teacher enables the Medical Officer to ascertain, in conjunction with the welfare cards, an accurate clinical picture of the child. Should any defect be noticed, the child is automatically placed under observation at school. If the child is ordered Cod Liver Oil and Malt, monthly weighing by the Health Visitor becomes a routine.

Before the medical inspection the Head Teacher is asked for the names of all children whom it is desired that the Medical Officer shall see as specials.

Some months after the routine medical inspection there is carried out the re-inspection of all children found defective at the previous examination, and opportunities are again provided for the teacher to bring forward any child thought to require examination.

The same procedure continues throughout a child's school life ; once a child is referred for treatment or observation at school, a special card signalling system ensures that, until the Medical Officer at school signifies that no further particular care is necessary, the child will be presented at every re-inspection, no matter how many transfers from school to school take place.

These examinations, of course, pay particular attention to the defect for which the child was placed under observation, but when subsequent routine inspections take place the records which have accumulated enable a more complete examination to be carried out with expedition, and general development reviewed. Again, at the twelve-year-old examination particular attention is paid to the question of employment, and many children are referred for further examination shortly before leaving school, in order that the Schedule suggested by the Board of Education as to conditions of employment may be completed.

The Health Visitors work in close co-operation with the Head Teachers, they inspect every child three times a year for cleanliness, and both Health Visitors and teachers make full use of our Inspection Clinics by referring children about whose health they are doubtful. In addition to the routine inspections, certain teachers make a practice of submitting, several times a year, lists of children of whom they desire a medical opinion, and arrangements are made (according to the number of children) to carry out inspections either at the Clinic or at the school.

This year I have printed on page 12 a comparative statement of the incidence of the principal defects requiring treatment or observation in Southampton and in England and Wales.

**COMPARISON OF THE INCIDENCE (per 1,000 Inspections) OF THE PRINCIPAL DEFECTS REQUIRING  
TREATMENT OR OBSERVATION AT ROUTINE MEDICAL INSPECTION  
IN ENGLAND AND WALES AND THE COUNTY BOROUGH OF SOUTHAMPTON.**

DEFECT. (A)	1935.		Incidence of defects requiring observation. in Southampton. (E)	Southampton, 1936.	
	Incidence of defects requiring treatment in England and Wales. (B)	Incidence of defects requiring treatment in Southampton. (C)		Incidence of defects requiring treatment. (F)	Incidence of defects requiring observation. (G)
Skin diseases ... ..	9.5	8.8	.1	6.8	1.7
Defects of vision ... ..	81.7	46.1	2.6	39.9	23.2
Squint ... ..	7.8	8.5	.6	4.0	1.4
Other Eye Diseases ... ..	7.3	3.5	.6	2.7	2.6
Defects of Hearing ... ..	2.8	14.5	7.5	15.7	10.0
Otitis Media ... ..	4.1	5.3	.4	7.5	2.4
Chronic Tonsillitis ... ..	19.6	19.9	45.2	20.5	85.8
Adenoids ... ..	2.7	4.0	2.7	3.3	4.0
Adenoids and Chronic Tonsillitis ... ..	19.9	25.4	20.3	27.0	21.8
Other Nose and Throat Defects ... ..	6.5	4.6	1.7	6.6	6.5
Defects of Speech ... ..	1.1	3.7	1.7	3.4	3.0
Organic Heart Disease ... ..	1.6	1.6	1.2	1.5	.7
Tuberculosis—					
Definite Pulmonary ... ..	.1	.4	—	.1	—
Suspected Pulmonary ... ..	.4	4.7	.1	5.5	.1
Non-Pulmonary ... ..	.6	.6	.4	.7	.3
Epilepsy ... ..	.2	.6	.6	.3	.8
Chorea ... ..	.5	1.0	.9	.8	.7
Other Nervous Conditions ... ..	1.2	1.4	1.2	3.0	3.2
Rickets ... ..	1.4	1.0	—	.6	—
Spinal Curvature ... ..	2.5	12.8	9.9	6.4	9.7
Other Deformities ... ..	8.0	13.4	12.0	13.2	35.3

Defective Vision appears to be much more frequent in the country as a whole than in Southampton ; a considerable increase in the number placed under observation in Southampton during 1936 is explained by the fact that the vision of the entrants was tested. In view of the fact that our findings were so much lower than those of the rest of the country, figures for the previous ten years were extracted and are given here :—

Year.	Incidence Vision defects per 1,000 Routine Inspections in Southampton.			
1926	...	...	...	98.2
1927	...	...	...	121.3
1928	...	...	...	69.6
1929	...	...	...	73.1
1930	...	...	...	65.9
1931	...	...	...	79.8
1932	...	...	...	83.2
1933	...	...	...	77.1
1934	...	...	...	61.3
1935	...	...	...	46.1
1936	...	...	...	39.9

Since the more complete following-up initiated in 1932, there has been considerable improvement.

The periodic visits of opticians and the invitation to teachers to submit to Medical Officers any child of whose visual acuity there may be doubt, have been instrumental in the reduction of visual defects found at routine inspection.

There seem to be fewer cases of squint in Southampton than the average throughout the country, and 1936 shows a decrease upon 1935. The same reasons can be adduced for this.

Southampton appears to have considerably more children with defective hearing and deformities than England and Wales generally, but this is mainly due to the full use which is made of our clinic system and the consequent raising of standard. Chronic Tonsillitis appears to have been more prevalent in Southampton in 1936, and the infectious disease epidemics and variations in personal outlook must be offered as explanations. Southampton records a smaller proportion of Rickets than the country as a whole.

The importance of hastening the provision of a Day Open-air School has been noted. The waiting list for the Open-air School at Ventnor is still too long, and as that institution is not under the Southampton Authority we find that many children wait for

periods of between six and nine months before admission is gained. This often means that the benefit eventually derived is less than was hoped for, the parents refuse to let children go away, and, on the other hand, the list includes the names of children who, earlier on, could have been treated at a Day Open-air School, but whose condition has deteriorated until only residential accommodation can be expected to give benefit.

Medical inspection was carried out at the St. Anne's Secondary School for the first time during 1936. Dental inspection will be commenced in 1937.

At the Summer School, at Lee-on-the-Solent, one of the Health Visiting staff spent short periods with the children, and it has been arranged that a resident nurse will stay at the camp in future to deal with the minor indispositions which arise and to assist in practical and instructional hygiene.

In conclusion, I desire to express my appreciation and thanks to the Chairman and Members of the School Clinic (Joint) Sub-Committee for the courtesy with which they have considered my many suggestions and recommendations made to them. I wish also to thank the following for their co-operation and assistance: the Education Department, the Teachers, the National Society for the Prevention of Cruelty to Children, the Southampton Mental Welfare Association, and the staffs of the Voluntary Hospitals. To the staff of the Department—Medical, Nursing, Dental and Clerical—I tender my best thanks for their ready, willing and conscientious work on behalf of the School Medical Service.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

*H. C. Maurice-Williams*

School Medical Officer.

**SCHOOL MEDICAL INSPECTION**  
**AND HYGIENE.**

## **CO-ORDINATION.**

The arrangements for the co-ordination of the Public Health Services and the School Medical Service remain substantially the same as in 1932. They may briefly be outlined as follows :—

1. The Medical Officer of Health is also School Medical Officer.
2. The Assistant Medical Officers take part both in Public Health and School Medical work.
3. The main treatment centres of the School Medical Department, Venereal Diseases Department, and Tuberculosis Department are housed within the same curtilage as the offices of the School Medical and Maternity and Child Welfare Departments.
4. The Maternity and Child Welfare records are forwarded to the School Medical Department when a child reaches five years of age for inclusion with school records.
5. Infant Life Protection records are similarly included with school records.
6. Daily returns of notifiable infectious diseases are sent to the School Medical Department.
7. Copies of correspondence referring to school children are sent by the Tuberculosis Officer for inclusion in school records, while the fact that the Tuberculosis Dispensary is situated near to the School Clinics makes for facile reference.
8. Immunisation against Diphtheria is carried out at the School Clinics under the supervision of the School Medical Officer.
9. The Health Visitors are responsible for all Public Health and School work in their district, and continuity of supervision is possible.
10. All the facilities of the Public Health Service can be utilised for School Medical work when required, e.g., disinfection, Hospital accommodation, ambulance services.

## **SCHOOL HYGIENE.**

During the past year a Senior Elementary School to accommodate 520 scholars has been completed on the Merry Oak Housing Estate. This school, a one-storey building, of the semi-open-air type, with a handicraft block of two storeys, is bounded on the north-east side by two acres of playing field.

A Senior Elementary School to accommodate 860 scholars on two floors, and a semi-permanent school for 250 junior boys are now being erected on the Shirley Warren Housing Estate, and it is proposed to open these schools on 1st October and 1st June respectively. The Senior School will have a large waiting room and Clinic, and hot water is to be laid on to all lavatory basins, and lockers are being provided in the cloak-rooms of this school and all future schools so that the children can change their shoes. It is proposed to erect a properly-equipped gymnasium connected with the Senior School on this site with changing rooms and showers.

On the Burgess Road Housing Estate a Junior School for 400 boys and 400 girls is now being erected of the semi-open-air type, with two Assembly Halls and medical room. The Infants' School on this site has an Assembly Hall and medical room now under construction.

It is hoped to proceed with the erection of the following schools in 1937 :—

Open-Air School for 120 ; one Senior School and two Junior Schools, and re-organisation of schools in the Central Area.

As regards Secondary Schools, the new Girls' Grammar School has been completed, and provides accommodation for 550 girls. This school has been built on modern lines on a spacious level site, having ample accommodation for games. The school is equipped with a gymnasium, and is thoroughly efficient.

It is hoped to commence work on the completion of Itchen Secondary School during 1937.

### **SANITARY CONVENIENCES IN THE ELEMENTARY AND SECONDARY SCHOOLS,**

**and the various Centres under the control of the Education Authority.**

#### **MERRY OAK SCHOOL.**

It was reported last year that the Authority had begun the erection of a Senior Mixed School on the Merry Oak Site. This school is now completed and in full use. The whole school is provided with 17 pedestal pans flushed by separate cisterns, and one urinal fitted with sparge pipe flushing. The school at present accommodates 240 senior boys and 240 senior girls, but when the re-organisation of the area is completed the school will accommodate 480 senior boys.

#### **WESTFIELD HALL, SWAYTHLING.**

The Authority have taken into use a further room in this building. An extra wall urinal has been fitted, which is automatically flushed.

## GIRLS' GRAMMAR SCHOOL.

The Authority has completed the erection of new buildings for this school for 550 girls on the Bellemoor Road Site. The sanitary arrangements are ideal, towels are obtainable by the girls, and a "Sanibin" is provided in each lavatory. The school is provided with 35 pedestal pans flushed by separate cisterns.

REVISED LIST OF SANITARY CONVENIENCES :  
PROVIDED SCHOOLS.

- 751 Pedestal pans flushed by separate cisterns.
- 4 Hopper pans flushed by an automatic tank.
- 71 Urinals flushed by sparge pipes.

## NON-PROVIDED SCHOOLS.

- 104 Pedestal pans flushed by separate cisterns.
- 17 Hopper pans flushed by automatic tanks.
- 14 Urinals flushed by sparge pipes.

## PROVIDED SECONDARY SCHOOLS.

- 107 Pedestal pans flushed by separate cisterns.
- 6 Urinals flushed by sparge pipes.

**MEDICAL INSPECTION.**

Accommodation is provided in the public elementary school for 25,478 children, while the number on the registers was 23,112. The average attendance was 20,859.

The number of schools and departments in the Borough is :—

Number of Schools— ... .. 36

Number of Departments—

Boys	...	...	...	...	...	...	20
Girls	...	...	...	...	...	...	21
Infants	...	...	...	...	...	...	23
Juniors and Infants	...	...	...	...	...	...	2
Juniors	...	...	...	...	...	...	3
Mixed Departments	...	...	...	...	...	...	5

—  
74  
—

As in previous years, the inspections at the Station Road Special School are tabulated separately later in the Report ; the following table shows the number examined in each school and age group.

School.	Entrants, 5-6 years.		Inter- mediates, 8 years.		Leavers, 12 years.		Others.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Ascupart ...	46	35	41	39	—	—	6	3
Bassett Green ...	54	50	77	65	—	—	—	—
Bevois Town ...	32	28	36	31	9	20	—	—
Bitterne C. of E. ...	32	32	31	24	23	25	15	12
Bitterne Manor ...	12	17	20	10	—	—	—	—
Bitterne Park ...	49	49	34	27	34	31	—	8
Burgess Road ...	64	54	34	44	—	—	—	—
Central ...	71	63	58	63	37	41	5	—
Coxford ...	—	—	22	26	—	—	—	—
Deanery ...	—	—	—	—	122	136	3	—
Eastern ...	95	84	52	27	—	—	3	11
Foundry Lane ...	34	44	47	39	44	44	20	6
Freemantle ...	28	27	24	34	25	36	—	—
Highfield ...	23	15	16	10	18	5	8	7
Ludlow Road ...	60	60	—	—	77	57	—	3
Merry Oak... ..	—	—	—	—	72	82	2	—
Mount Pleasant ...	47	43	30	35	37	39	—	—
Northam ...	82	86	52	37	53	35	—	6
Portswood ...	68	59	47	43	59	57	13	6
Pear Tree Green ...	—	—	50	40	—	—	—	2
Regent's Park ...	64	58	74	52	88	74	—	—
St. John's ...	20	36	10	20	—	—	—	—
St. Joseph's ...	13	17	16	17	14	20	—	—
St. Jude's ...	45	40	14	8	—	—	—	—
St. Denys ...	20	22	20	24	23	30	—	—
St. Mark's ...	13	5	13	17	13	6	—	—
St. Mary's ...	16	32	5	12	—	—	—	2
Shirley ...	46	46	54	37	67	61	14	10
Shirley Warren Ty.	41	49	31	42	—	—	—	—
Sholing ...	156	152	106	126	—	3	—	—
Springhill ...	20	21	23	22	19	9	—	—
Swaythling ...	31	26	16	19	103	106	—	—
Western ...	58	71	55	51	55	38	—	6
Woolston ...	40	32	20	21	59	37	7	3
Woolston R.C. ...	12	13	5	7	7	11	—	—
Totals ...	1392	1366	1133	1067	1058	1000	96	85

ATTENDANCE OF PARENTS.

The attendance of parents at the routine medical inspections has remained at a very high figure, the percentage of parents attending showing an increase of 2.1 per cent. over 1935. The attendance of the parents at the inspection of the entrants reached a higher figure than ever before, and must be almost the optimum.

The following table shows the attendances of the parents during the year, with comparative figures for the previous five years.

AGE GROUP.	Number of Children Inspected.	Number of Parents Present.	Percentage in						
			1936	1935	1934	1933	1932	1931	1930
<b>12 years,</b>									
Boys ...	1058	713							
Girls ...	1000	762							
	—2058	—1475	71.7	71.5	71.2	71.9	59.0	61.1	51.1
<b>8 years,</b>									
Boys ...	1133	977							
Girls ...	1067	953							
	—2200	—1930	87.7	86.6	87.5	87.6	82.9	79.2	60.1
<b>Entrants,</b>									
Boys ...	1392	1339							
Girls ...	1366	1312							
	—2758	—2651	96.1	92.0	94.6	92.4	92.4	87.4	81.1
<b>Other Ages,</b>									
Boys ...	96	70							
Girls ...	85	63							
	— 181	— 133	73.4	73.2	79.6	86.0	72.5	—	61.1
Totals ...	7197	6189	85.9	83.8	83.8	83.4	76.9	77.0	61.1

## FINDINGS AT MEDICAL INSPECTION.

### WEIGHT, HEIGHT, AND CHEST MEASUREMENTS.

The weight and measurements of each child to be medically examined are ascertained by the Health Visitors shortly before the Medical Inspector's visit.

The statistics given below for the routine age groups have been obtained by the same methods as in previous years, and comparative figures for the previous five years are also given, together with the figures for 1926.

### COMPARATIVE TABLE OF CODE AGE PERIODS.

#### BOYS.

	WEIGHT.	HEIGHT.	CHEST MEASUREMENT.
12 Years.	st. lbs. ozs.	inches.	inches.
1936	5 2 3.6	53.7	24.7
1935	5 4 1.1	54.9	25.4
1934	5 4 7.4	55.1	25.7
1933	5 4 13.1	55.3	25.4
1932	5 3 11.8	54.8	26.1
1931	5 5 10.0	55.6	25.8
1926	5 2 8.9	55.0	26.2
9 Years.			
1936	3 9 8.8	47.2	22.8
1935	3 10 10.3	47.4	24.5
1934	3 10 2.4	47.3	24.3
1933	3 11 1.0	47.9	24.1
1932	4 1 11.9	49.4	24.4
1931	4 1 5.0	49.8	23.8
1926	3 10 10.6	47.7	24.0
6 Years.			
1936	3 0 4.1	42.8	21.5
1935	3 2 5.2	42.8	22.5
1934	2 13 8.5	42.6	22.4
1933	2 13 7.6	42.6	21.9
1932	2 13 9.2	42.4	21.7
1931	2 13 10.0	42.5	22.5
1926	2 12 7.6	41.9	22.1

## COMPARATIVE TABLE OF CODE AGE PERIODS—Continued.

## GIRLS.

	WEIGHT.	HEIGHT.	CHEST MEASUREMENT.
12 Years.	st. lbs. ozs.	inches.	inches.
1936	5 3 11.6	55.2	25.2
1935	5 7 0.6	55.7	26.3
1934	5 6 5.3	55.3	26.2
1933	5 6 9.1	55.4	26.1
1932	5 6 11.2	55.3	26.6
1931	5 7 4.0	55.9	27.3
1926	5 5 4.5	55.5	26.8
8 Years.			
1936	3 10 2.7	47.4	22.6
1935	3 9 1.5	47.5	23.1
1934	3 9 3.5	47.7	23.3
1933	3 9 3.9	47.6	23.2
1932	3 12 5.0	48.9	24.1
1931	3 12 6.0	48.5	24.2
1926	3 9 2.9	47.4	24.2
5 Years.			
1936	2 13 2.6	42.4	21.2
1935	2 12 9.4	42.1	21.3
1934	2 12 1.0	42.0	21.2
1933	2 11 6.0	41.6	21.4
1932	2 11 7.9	42.1	21.1
1931	2 12 2.0	42.0	21.5
1926	2 13 9.8	41.4	21.7

The fact that most of the age groups show a fall in weight deserves an explanation. In recent years re-arrangement of medical inspection has resulted in entrants being examined shortly after admission, the second age group are mostly under eight years of age instead of over eight, and the leavers are also seen earlier. In consequence the average age of each group is lower than in the past, and the weights correspondingly less.

## NUTRITION.

The findings of medical inspection during 1936 show that there was a slight increase in the percentage of children classed as having "slightly sub-normal" or "bad" nutrition, 9 per cent falling into these groups in 1936, as compared with 8.7 per cent in 1935. The "excellent" group also fell from 18.2 per cent. to 13.1 per cent.

On the following page a table is printed which is extracted from the Annual Report of the Board of Education for 1935, giving the figures for the whole of England and Wales and for the London County Council; to this table have been added additional columns, giving the figures for Southampton for 1935 and 1936. This table shows that in 1935 Southampton had somewhat fewer children with nutrition below normal than England and Wales, but had slightly more than London. The position in 1936 is practically unaltered in this particular respect.

It is interesting to note that the highest proportion of children with sub-normal nutrition occurs, both in Southampton and in England and Wales, in the intermediate group. In this connection I would quote: "the comparatively poor showing of the eight-year old group seems a constant feature in nearly all the returns." (Health of the School Child, 1935.) The same report states: "the distinction must be emphasised between the meaning of nutrition as employed here and the definition so often attributed to the word of its exact equivalence to food. As employed in the statistics which follow, nutrition means the nourishment of the child or the general well-being of the child. It is the process of normal growth and healthy maintenance of the child's body in function as well as substance. 'Food is the instrument, nutrition is the act of using it,' says Sir Robert McCarrison, 'and the efficiency of this act depends on many other factors besides food, upon adequate sleep, proper and uncrowded housing, sunlight, fresh air, exercise, and even happiness.'"

In Southampton, by means of meals centres and milk schemes, we endeavour to provide a palliative to insufficient feeding; our housing schemes aim at providing proper and uncrowded home accommodation; but the remaining factors depend largely upon the parents themselves.

In the appendix is printed a report on an inquiry into the milk consumption in Southampton.

# COMPARISON OF FINDINGS OF MEDICAL INSPECTION IN SOUTHAMPTON AND IN ENGLAND AND WALES, 1935.

## NUTRITION.

(The figures in the table are percentages of the children examined at Routine Medical Inspection.)

	Excellent.		Normal.		Slightly Subnormal.		Bad.	
	England and Wales. 1935.	Southampton. 1935. 1936.	England and Wales. 1935.	Southampton. 1935. 1936.	England and Wales. 1935.	Southampton. 1935. 1936.	England and Wales. 1935.	Southampton. 1935. 1936.
Entrants ...	13.6	21.85	75.6	81.2	10.1	7.9	.7	.25
Second Age Group ...	12.6	11.8	74.3	76.8	12.2	11.4	.9	.2
Third Age Group ...	16.7	19.25	72.6	76.6	10.0	6.2	.7	.15
Other Routines ...	18.6	26.8	72.2	60.8	8.5	10.2	.6	1.6
Total ...	14.6	18.2	74.1	77.9	10.6	8.45	.7	.25
London County Council ...	17.36		76.89		5.67		.08	
Southampton, 1926....	3.1		87.9		8.9		.1	

### CLEANLINESS.

The condition of cleanliness in the schools has shown a slight improvement during the year, and the observations made on this subject in 1935 still apply.

In two cases proceedings were taken under the Attendance Bye-laws, and penalties were imposed.

The improvement noted at the St. John's and Northam Schools, following the installation of bathing facilities, has been maintained.

### SKIN DISEASE.

The number of skin ailments discovered at the medical inspection in schools has again diminished, but these form only a small proportion of the total number of such defects treated at the Clinics. Further details on this subject are given in the Clinic section of the Report.

### DEFECTIVE VISION AND EYE DISEASE.

As mentioned in my last Report, the vision of the entrant group has been tested this year by means of special charts, and has resulted in a number of unsuspected defects of vision being revealed. The testing has not been so complete as in the older groups, as even with the simplified charts a number of the children fail to understand what is required of them.

The following table shows the incidence of eye defects in the various age groups :—

DEFECTS OF THE EYES REQUIRING TREATMENT OR OBSERVATION  
FOUND AT MEDICAL INSPECTION, 1936.

Age Group.	Number Examined.	Defective Vision.		Squint.		Others.		Total.	
		Number	%	Number	%	Number	%	Number	%
Entrants ...	2758	188	6.8	11	.4	7	.3	206	7.5
Intermediates	2200	112	5.1	21	.9	17	.8	150	6.8
Leavers ...	2058	139	6.7	5	.2	13	.6	157	7.5
Other Ages ...	181	15	8.3	2	1.1	1	.5	18	9.9
Totals ...	7197	454	6.3	39	.5	38	.5	531	7.3

Comparison for  
the year 1926    7518    505    10.2\*    50    .7    21    .3    576    11.2  
(\* Excluding Entrants).

In considering the preceding table, it must be borne in mind that of the 188 children in the entrant group 120 were placed under observation, while of the 112 children in the intermediate group only 28 were placed under observation, and of the 139 children in the leaver group only 19, the remainder being referred for treatment. This means that while a considerable proportion of the entrants are suspected to suffer from defective vision, in two-thirds the defect is of so little inconvenience that it can best be dealt with by re-examination at school, and does not at this stage call for investigation by the Ophthalmic Surgeon.

The testing, however, will afford this group of children the opportunity of more frequent examination.

The usual table showing the degree of vision recorded in the children tested with Snellen's types follows:—

## EYESIGHT.

		Number Examined.	V 6/6	V 6/9	V 6/12	V 6/18	V 6/24	V 6/36	V 6/60	V 0/0	Cannot Read.	Not Tested.
Boys, 12 years	R	1058	781	104	30	15	5	10	2	1	—	110
			83.6%		5.9%						10.5%	
	L		784	100	35	17	4	6	—	—	—	112
			83.5%		5.8%						10.7%	
Girls, 12 years	R	1000	777	110	37	19	8	4	1	2	—	42
			88.7%		7.1%						4.2%	
	L		780	126	26	17	4	4	—	—	—	43
			90.6%		5.1%						4.3%	
Boys, 8 years	R	1133	845	140	24	7	7	3	—	1	8	98
			86.9%		3.8%						9.3%	
	L		848	142	23	7	4	3	1	1	8	96
			87.3%		3.5%						9.2%	
Girls, 8 years	R	1067	793	141	23	4	4	3	1	1	1	97
			87.5%		3.3%						9.2%	
	L		804	133	24	3	3	2	2	1	1	95
			87.8%		3.2%						9.0%	
Boys, Entrants	R	1392	645	155	19	—	—	—	—	—	573	
			57.4%		1.4%						41.2%	
	L		662	134	18	5	—	—	—	—	573	
			57.2%		1.6%						41.2%	
Girls, Entrants	R	1366	689	113	29	8	—	—	—	—	527	
			58.9%		2.7%						38.6%	
	L		671	126	25	17	—	—	—	—	527	
			58.4%		3.0%						38.6%	
Boys, other ages	R	96	53	18	4	1	—	1	—	—	3	16
			74.0%		6.2%						19.8%	
	L		51	22	2	1	1	—	—	—	3	16
			76.0%		4.2%						19.8%	
Girls, other ages	R	85	52	15	2	2	1	—	—	—	4	9
			78.8%		5.9%						15.3%	
	L		50	16	2	2	1	—	1	—	4	9
			77.3%		7.0%						15.7%	

## TONSILS AND ADENOIDS.

It was noticed in 1935 that the percentage of children referred for treatment or observation of Chronic Tonsillitis and Adenoids was 4.9 per cent. greater than in 1934. It must again be recorded that in 1936 the percentage of children falling into this category showed a further increase of 4.6 per cent.

The reasons previously educed to account for the increase in the number of children needing attention are maintained, and I think it only necessary to call attention to the fact that the larger number were placed under observation at the schools.

The following table gives details of the defects found in the various age groups.

## TONSILS AND ADENOIDS.

### DEFECTS FOUND AT MEDICAL INSPECTION REQUIRING TREATMENT OR OBSERVATION, 1936.

Age Group.	Number Examined.	Enlarged Tonsils.		Tonsils and Adenoids.		Adenoids.		Total.	
		Number	%	Number	%	Number	%	Number	%
Entrants,									
5-6 years	2758	421	15.2	169	6.1	29	1.0	574	22.3
Intermediates.									
8 years	2200	237	10.8	126	5.7	17	.8	380	17.3
Leavers,									
12 years	2058	103	5.0	43	2.1	7	.3	153	7.4
Other									
Age Groups	181	15	8.3	13	7.2	—	—	28	15.5
Totals ...	7197	776	10.8	351	4.9	53	.7	1135	16.4
Comparison for the year 1926	7518	339	4.5	343	4.5	142	1.8	824	10.8

## EAR DISEASE AND DEFECTIVE HEARING.

The percentage of children suffering from defective hearing increased from 2.2 per cent. in 1935 to 2.5 per cent. in 1936, while ear diseases were also slightly more frequent.

Many of these were sequelæ to the infectious diseases which have been prevalent during the last few years.

The following table shows details of the defects found in the various age groups.

## EAR DISEASE AND DEFECTIVE HEARING.

DEFECTS FOUND REQUIRING TREATMENT OR OBSERVATION  
AT MEDICAL INSPECTION, 1936.

Age Group.	Number Examined.		Ear Disease. Number %		Defective Hearing. Number %		Total. Number %	
Entrants, 5-6 years	...	2758	26	.9	51	1.8	77	2.7
Intermediates, 8 years	...	2200	50	2.3	83	3.8	133	6.1
Leavers, 12 years	...	2058	19	.9	43	2.1	62	3.0
Other Age Groups	...	181	4	2.2	8	4.4	12	6.6
Totals	...	7197	99	1.4	185	2.5	256	3.9
Comparison for the year 1926		7518	135	1.8	23	.3	158	2.1

## ORTHOPÆDIC AND POSTURAL DEFECTS.

The number of defects showed a considerable increase, and the table below reveals that there is a very large rise in the number of defects of posture and flat feet (classed in the table as "Other Deformities") between the ages of five and eight years.

The Medical Officers have again commented on the fact that numbers of children wear "Wellingtons" and "Plimsolls," both of which are unsuitable types of relatively permanent footwear for children. The rapid increase in the number of cases of faulty posture during the early years at school would also point to the need for further attention to physical training and to nutrition during these years.

In several schools special classes have been instituted for children with faulty posture with very gratifying results. The more general application of Remedial measures in school under teachers with special training in the work would be of great benefit.

The increase in the figures over previous years should not be taken as an indication of deterioration of the posture and physique of school children. It can be explained by the greater emphasis lately laid upon physical culture, a more acute consciousness of the defects of physique and a raising of the standard of what constitutes normality.

## ORTHOPÆDIC AND POSTURAL DEFECTS.

DEFECTS FOUND REQUIRING TREATMENT OR OBSERVATION  
AT MEDICAL INSPECTION, 1936.

Age Group.	Number Examined.	Rickets.		Spinal Curvature.		Other Deformities.		Total.	
		Number	%	Number	%	Number	%	Number	%
Entrants ...	2758	2	.07	15	.5	95	3.4	112	3.97
Intermediates	2200	—	—	48	2.2	129	5.8	177	8.0
Leavers ...	2058	1	.04	45	2.2	110	5.3	156	7.54
Others ...	181	1	.5	8	4.4	15	8.3	24	13.2
Totals ...	7197	4	.05	116	1.6	349	4.8	469	6.45
Comparison for the year 1926	7518	—	—	7	.1	14	.2	21	.3

## TUBERCULOSIS.

During the year one child was found at the routine medical inspection to be suffering from definite pulmonary tuberculosis, and this child was referred to the Tuberculosis Officer. Of the forty children suspected to be suffering from this disease, such as were not already under supervision were also referred to the Tuberculosis Dispensary. Five children were found to be suffering from glandular tuberculosis and two from disease of the bones and joints.

The following table gives details of the notifications of tuberculosis in school children during the year :—

Location of Disease.				Boys.		Girls.		Total.
Pulmonary Tuberculosis	...	...	37	...	38	...	75	
Non-Pulmonary Tuberculosis	...	...	6	...	7	...	13	
Totals	...	...	43	...	45	...	88	

### FOLLOWING UP.

As mentioned in my last Report, the following up system was revised at the beginning of 1936, a card being introduced on which is recorded the response to visiting by the Health Visitor. There is thus available for the Medical Officer a complete history—the medical record card showing the recommendation made by him, the treatment card showing what treatment had been performed, and the following up card showing, where necessary, the reason why treatment was not obtained or why delay occurred.

There was a considerable increase in the amount of following up performed by the Health Visitors during the year.

#### HEALTH VISITING WORK.

Visits paid to the homes of :—

Dental Cases	...	...	...	58
Vision Cases	...	...	...	701
Ear, Nose, and Throat Cases	...	...	...	576
Skin Cases	...	...	...	895
General Cases	...	...	...	1,066
Orthopædic Cases	...	...	...	160
			—	3,456 (8,278)
Visits paid to schools	...	...	...	2,523 (959)
			—	5,979 (9,237)

The figures in parentheses show the number of visits in 1926. Appointments which are now made by post were then made by personal visits by the Health Visitors and this accounts for the discrepancy in the figures.

Valuable assistance was rendered by the National Society for the Prevention of Cruelty to Children, while the teachers were also instrumental in persuading children and parents of the importance of obtaining medical advice. The assistance of the Voluntary Hospitals in making available certain of their records has been of the greatest help, and is gratefully acknowledged.



**MUNICIPAL HEALTH CLINICS.**

### INSPECTION CLINIC.

The work of this Clinic showed a considerable increase during the year, with an increase of over 600 in the number of attendances.

The children seen presented similar disorders to those seen in previous years, and many were passed on to the various specialised Clinics. A number of children suffering from Enuresis and minor Epilepsy were placed under treatment at a special session held on Saturday mornings. When we have our Child Guidance Clinic established in 1937, many of these children will benefit from such treatment.

### SKIN CLINIC.

It is pleasing to be able to report that there has been a decrease in the number of cases of impetigo, scabies, and ringworm of the body requiring treatment at this Department. There was, however, an increase in the number of other skin diseases.

One can account for the decrease in the former and the increase in the latter by the establishment of Branch Clinics at Coxford and Swaythling. Many of the minor ailments which would previously have received only parental treatment are now brought to these Clinics, and their development into more serious conditions prevented. The number of attendances at these Clinics during the year was 5,873.

An increased number of children were given X-Ray treatment for Ringworm of the scalp; the results have been good. The diagnostic lamp has proved of considerable value in surveillance following this form of treatment, as well as in initial diagnosis.

### TREATMENT OF SCABIES.

The treatment of this disease by the methods described has been found very satisfactory in results. One of two methods is adopted depending on the home conditions.

1. If the home conditions are such that instructions are unlikely to be strictly followed, Marcussen treatment is carried out at the Clinic. Should several members of the family be infected all are treated at the same time.

The method of application of Marcussen is as follows: The patient receives a thorough cleansing bath, dries himself, and then Marcussen ointment is applied to the whole body surface except the head. The ointment must cover all the skin, but hard rubbing is neither required nor desirable. After a quarter-of-an-hour the patient dresses and returns home. The following day

Another bath is given, and fresh underclothing is subsequently worn. In the meantime all personal apparel and bed clothing is disinfected. One treatment is usually sufficient. An ordinary antiseptic ointment may be necessary afterwards for septic lesions consequent upon scratching. The patient is seen a few days later, but there should be incomplete cure or recurrence.

2. If the home conditions are good, and care and understanding on the part of the parent can be relied upon, another form of treatment has been tried in order to relieve the Clinic work. It has proved most successful. The application used is Mitigal, a product of Bayer; it is of oily consistence, and is easily applied. The instructions given are as follows:—All the sufferers in the family must be treated simultaneously in order to prevent reinfection afterwards. The patient receives a thorough hot bath at home. After drying, the body is rubbed all over with Mitigal. In the two following days the application of Mitigal is repeated, but no further baths are given for six days. On the sixth day a bath is given, and the patient reports at the Clinic for examination. The personal apparel and bed clothes are removed for disinfection. Sometimes a second course of treatment has been found necessary. One of the great advantages of Mitigal is the most immediate relief of itching and cessation of scratching.

## **EXTERNAL EYE DISEASE AND DEFECTIVE VISION.**

During 1936 three sessions per week were devoted to the treatment of the above defects at the Municipal Clinic, 1 East Park Terrace.

There was a slight increase in the number of attendances at the Clinic, and the clinical work carried out showed an all round increase over 1935. This was to a large extent due to the testing of the vision of the Entrant Group at the schools.

The following table gives details of the work carried out by the Specialist:—

	1936.	1935.	1934.	1926.
Attendances at Clinic ...	3,092	3,057	3,594	1,721
Individual children seen by the Specialist ...	949	771	1,218	—
Submitted to refraction ...	793	698	828	354
Glasses prescribed ...	547	429	643	349
Received other treatment ...	153	117	133	47
Placed under observation ...	201	70	374	—
Found not to require treatment ...	97	255	118	—

The inspection of the glasses supplied to the children has been continued during 1936, and the following table gives comparative figures of the results of those visits :—

NUMBER OF CHILDREN	1936	1935	1932
With :—			
Crooked Frames ... ..	167	107	202
Lenses Turned in Frames ...	51	16	70
Broken Lenses... ..	17	40	28
Broken Sides ... ..	43	29	28
Ordered Glasses but not wearing	273	299	391
Reported to School Medical Officer	272	58	408

As in previous years, the Education Committee have undertaken the supply of glasses to those children whose parents are unable to provide them, and the cost of repairs has also been defrayed.

During the year 164 children have been supplied free by the Education Committee, and 27 children were supplied on condition that the cost was repaid by instalments.

### **EAR, NOSE, AND THROAT CLINIC.**

The work of the Ear, Nose, and Throat Department has continued to increase, there being 184 more new patients than in the previous year.

There was an increase in the number of operations performed and in the treatment administered at the Clinic. Mastoidectomy was performed in six cases, while ionisation was again utilised.

By way of experiment, one deaf boy was provided with an electrical hearing aid for use in school. This instrument has been very helpful to him, and would appear to be indicated for use in other suitable cases of partial deafness, thereby saving the expense of sending such children to residential special schools.

Contact has been maintained with the Department of Speech Therapy.

There follows a list of the cases treated at the Clinic :—

TABLE I.

Cases attending the Ear, Nose, and Throat Clinic.

Defective hearing	...	...	...	...	...	97
Otitis Media and other ear diseases	...	...	...	...	...	242
Tonsils	...	...	...	...	...	80
Adenoids	...	...	...	...	...	29
Tonsils and Adenoids	...	...	...	...	...	393
Nasal and other conditions	...	...	...	...	...	307
Enlarged glands of neck	...	...	...	...	...	30
						<hr/> 1178
Re-attendances	...	...	...	...	...	1335
						<hr/> 2513 <hr/>

TABLE II.

Cases treated by Ionization and Antrum Lavage.

					No. of patients.	No. of treatments.
Ionization	...	...	...	...	11	28
Antrum lavage	...	...	...	...	29	58
Skin tests	...	...	...	...	15	46 injections.

TABLE III.

Operations performed at the Borough Hospital.

Tonsils and Adenoids	...	...	...	...	323
Tonsils	...	...	...	...	12
Adenoids	...	...	...	...	16
Antrum puncture and others	...	...	...	...	16
Plastic operations on ears and neck	...	...	...	...	3
Mastoidectomy	...	...	...	...	6
Removal of nævus	...	...	...	...	1
Removal of adenoma of thyroid	...	...	...	...	1
Calwell Luc operation	...	...	...	...	1
Removal of cervical glands	...	...	...	...	2
Dissection of nerve	...	...	...	...	1
Nerve graft	...	...	...	...	1
Resuturing of nerve graft	...	...	...	...	1
					<hr/> 384 <hr/>

## DENTAL CLINICS.

Dental Inspection was carried out during the year in all the Elementary and Secondary Schools, the children in the Nursery Classes being included. No school was inspected twice as in 1935.

The number selected for treatment from the Secondary Schools was considerably less than in the previous year, many pupils having then received treatment privately or at the Clinic. Fewer extractions were necessary for those children treated at the Clinic than in 1935, but the filling work remained at the same level.

Much decay has been found in the teeth of children in the Entrant group and in the children referred from the Welfare Centres.

The Branch Clinics were again utilised for dental treatment sessions, and it is proposed to include Portswood School among those treated at the Swaythling Clinic in 1937.

There is an encouraging increase in the number of acceptances of dental treatment, although there is still room for improvement. Where multiple extractions are necessary it is now the invariable practice to give a general anæsthetic, and there has been an increase of over a thousand in the number of general anæsthetics administered during the year. The Dentist now decides at the school inspection whether a general anæsthetic is necessary, and makes an appointment immediately on receipt of the parents' acceptance.

There were approximately the same number of fillings performed as in 1935, and in this connection the Dental Officer commented on the fact that many children neglect to obtain treatment until too late for conservative measures to be effective. The School Clinic Committee therefore resolved that children refusing to obtain the treatment advised at three routine dental inspections should not receive further treatment at the Clinic until again selected at school by the Dentist. This means that our casual cases should show diminution, and that the knowledge that children cannot be sent to the Clinic at any time will encourage the persistent "refusers" to reconsider their attitude. It is probable that even more stringent tightening up will be considered by the Committee after a year or so.

Re-inspection of children refusing treatment was carried out in a number of the schools where acceptances had been low. It was found in many instances that treatment was accepted

After the second inspection and, in 1937 it is hoped to carry out re-inspection at every school two months after the primary inspection.

It is also proposed in 1937 to arrange for each of the Dental Officers to take charge of a certain group of schools, and to be responsible, as far as possible, for the inspection and treatment of the children attending these schools. This should induce a closer personal contact between the Dentists, children and teachers.

The practice of sending lists of acceptances to the teachers each quarter was commenced during the year.

#### **LIST OF ACCEPTANCES OF DENTAL TREATMENT, 1936.**

	School.	No. Inspected.	Selected.	Accepted.	%
1.	Ludlow Road Girls'	... 477	... 281	... 235	83.6
2.	Ludlow Road Infants'	... 375	... 110	... 89	81.8
3.	Woolston R.C. ...	... 187	... 108	... 84	78.7
4.	Pear Tree Green ...	... 191	... 107	... 82	76.6
5.	Station Road ...	... 185	... 85	... 62	72.9
6.	Northam Girls' ...	... 355	... 193	... 139	72.0
7.	Springhill Boys' ...	... 122	... 74	... 51	68.8
8.	Portswood Infants' ...	... 400	... 191	... 129	67.5
9.	Ascupart Girls' ...	... 122	... 77	... 52	67.5
10.	Portswood Girls' ...	... 342	... 145	... 96	66.2
11.	Swaythling Infants' ...	... 150	... 41	... 27	65.8
12.	Joyce Hall ...	... 67	... 25	... 16	64.0
13.	Sholing Boys' ...	... 317	... 185	... 117	62.9
14.	St. Mark's ...	... 209	... 102	... 64	62.7
15.	Woolston Boys' ...	... 252	... 157	... 98	62.4
16.	Sholing Girls' ...	... 348	... 208	... 128	62.0
17.	Bitterne C.E. Boys' ...	... 242	... 146	... 90	61.6
18.	Sholing Infants' ...	... 568	... 320	... 197	61.5
19.	Bitterne Park Infants' ...	... 326	... 139	... 83	59.7
20.	Bitterne Park Girls' ...	... 270	... 143	... 85	59.4
21.	Western Infants' ...	... 407	... 120	... 71	59.1
22.	Bevois Town Girls' ...	... 192	... 153	... 90	58.8
23.	St. Mary's ...	... 158	... 89	... 52	58.4
24.	St. Joseph's ...	... 303	... 192	... 112	58.3
25.	Northam Boys' ...	... 332	... 171	... 98	57.3
26.	Bitterne Manor ...	... 182	... 82	... 47	57.3
27.	Portswood Boys' ...	... 342	... 199	... 113	56.7
28.	Merry Oak Senior ...	... 386	... 110	... 62	56.7
29.	Woolston Girls' ...	... 217	... 139	... 75	53.9
30.	Westfield Hall ...	... 51	... 13	... 7	53.8

	School.	No. Inspected.	Selected.	Accepted.	%
31.	Springhill Girls' and Infants'	316	186	99	53.2
32.	Foundry Lane Girls'	355	186	99	53.2
33.	Woolston Infants' ...	151	107	57	53.2
34.	St. Denys Girls' ...	199	135	71	52.5
35.	Bassett Green ...	461	105	55	52.3
36.	Shirley Warren Temporary...	257	75	39	52.0
37.	St. Jude's ...	192	52	27	51.9
38.	Bitterne C.E. Girls' ...	223	136	70	51.4
39.	Swaythling Boys' ...	339	195	100	51.2
40.	Central Infants' ...	339	126	64	50.7
41.	Swaythling Junior, Mixed ...	642	182	92	50.5
42.	Central Boys' ...	370	217	109	50.2
43.	Central Girls'...	408	221	105	47.5
44.	Deanery Girls' ...	327	269	125	46.5
45.	Foundry Lane Boys' ...	331	199	92	46.2
46.	Highfield ...	279	110	50	45.4
47.	Coxford ...	332	110	50	45.4
48.	Shirley Infants' ...	258	108	49	45.3
49.	Bitterne C.E. Infants' ...	146	93	42	45.1
50.	Western Boys' ...	407	245	109	44.4
51.	Western Girls' ...	384	208	92	44.2
52.	Eastern Infants' ...	299	99	43	43.4
53.	St. Denys Infants' ...	147	58	25	43.1
54.	Shirley Girls' ...	497	279	121	43.0
55.	Bevois Town Infants' ...	126	68	29	42.6
56.	Swaythling Girls' ...	317	189	80	42.3
57.	Bevois Town Boys' ...	166	129	53	41.1
58.	Foundry Lane Infants' ...	212	96	39	40.6
59.	Ludlow Road Boys' ...	423	381	154	40.4
60.	Regent's Park Girls' ...	423	212	85	40.0
61.	Ascupart Boys' ...	178	100	40	40.0
62.	Freemantle Girls' ...	230	155	62	40.0
63.	Bitterne Park Boys'...	269	143	56	39.3
64.	Ascupart Infants' ...	244	147	55	37.2
65.	Northam Infants' ...	338	215	80	37.2
66.	Eastern Girls' ...	155	102	38	37.2
67.	Shirley Boys' ...	472	234	84	35.9
68.	St. Denys Boys' ...	203	123	44	35.4
69.	Deanery Boys' ...	300	241	86	35.4
70.	Burgess Road ...	202	48	17	35.4
71.	Freemantle Infants'...	101	37	13	35.4
72.	Eastern Boys' ...	225	109	37	33.4
73.	Regent's Park Boys' ...	481	201	68	33.4
74.	Regent's Park Infants' ...	351	127	42	33.4
75.	Freemantle Boys' ...	205	137	43	31.4
76.	Mount Pleasant Infants' ...	261	96	25	26.4
77.	St. John's ...	243	109	26	23.4
78.	Mount Pleasant Girls' ...	233	155	33	21.4
79.	Mount Pleasant Boys' ...	236	129	26	20.4

**RE-INSPECTION OF REFUSALS**  
**during year ended 31st December, 1936.**

School.	No. due for Re-inspection.	No. again Selected.	No. Absent or Left.	No. Private Treatments.	No. now Accepted.	% Accepted.
Eastern Girls' ...	62	58	—	4	46	79.3
St. John's ...	65	54	11	—	40	74.0
Swaythling Girls' ...	112	75	27	10	46	61.3
Swaythling Juniors' ...	89	63	26	—	35	55.5
Eastern Boys' ...	87	66	21	—	36	54.5
Regent's Park Girls' ...	127	93	26	8	48	51.6
Foundry Lane Infants' ...	57	41	16	—	41	51.2
Swaythling Boys' ...	100	82	16	2	42	51.2
Ascupart Infants' ...	70	57	8	5	25	43.8
Swaythling Infants' ...	13	7	4	2	3	42.8
Eastern Infants' ...	81	40	41	—	17	42.5
Coxford Juniors' ...	60	33	25	2	14	42.4
Springhill Girls' ...	87	59	19	9	24	40.6
Bitterne Park Infants' ...	56	31	20	5	12	38.7
Ascupart Boys' ...	60	41	19	—	14	34.1
Bitterne Park Girls' ...	58	37	12	9	11	29.7
Regent's Park Infants' ...	85	50	29	6	14	28.0
St. Jude's ...	25	22	3	—	6	27.2
Ascupart Girls' ...	21	19	2	—	5	26.0
Regent's Park Boys' ...	133	92	33	8	24	26.0
Shirley Warren						
Temporary ...	36	31	5	—	8	25.8
Foundry Lane Girls' ...	87	63	18	6	16	25.4
Bassett Green ...	50	25	25	—	6	24.0
Foundry Lane Boys' ...	107	89	18	—	20	22.4
Burgess Road Infants' ...	31	14	15	2	3	21.4
Springhill Boys' ...	22	10	9	3	2	20.0
Totals ...	1781	1252	448	81	558	44.6
Percentages ...	100	70.3	25.2	*6.5 (4.5)	44.6	—

(\* Percentage based on children actually re-inspected—the figure in brackets is the percentage of those due for re-inspection.)

The encouraging result may be best judged from the following :

#### EASTERN GIRLS.

Routine examination	...	102	selected.	38	accepted=	37.2%
Re-examination	...	58	„	46	„	=79.3%
Total	...	102	„	84	„	=82.3%

#### ST. JOHN'S.

Routine examination	...	109	selected.	26	accepted=	23.8%
Re-examination	...	54	„	40	„	=74.0%
Total	...	109	„	66	„	=60.5%

The final result was not always so good, but Foundry Lane Boys, third from the bottom of the re-inspection list, showed a net increase of 10 per cent. The figures relating to the schools listed above are :—

Routine examination	...	3303	selected.	1521	accepted=	46.0%
Re-inspection	...	1252	„	558	„	=44.6%
Total	...	3303	„	2079	„	=62.9%

If the result of re-inspection of all schools in 1937 bears out the experience so far gained, we shall have taken one of the most decisive steps forward in the history of the Dental Service.

### ORTHOPÆDIC CLINIC.

Attendances at the Orthopædic and Remedial Clinics during the year under review have been satisfactory.

New cases continue to be referred by the Public Health staff and General Practitioners, while the County Authorities avail themselves of consultations with the visiting Specialists from the Lord Mayor Treloar's Hospital, at Alton.

Surgical boots and appliances ordered by the Surgeon are obtained either from local sources or from the Hospital at Alton. The instrument maker attends once a month, and thus relieves the Surgeon of some of the measuring, and enables more time to be devoted to consultations, while minor adjustments can often be effected on the spot, preventing unnecessary waiting on the part of the patients.

The provision of a new combined Galvano-Faradic medical electric table at the beginning of the year has made it possible to treat many cases which previously had to be sent elsewhere. Hot and cold baths (arm and leg) have also been provided, and the new apparatus has been used extensively for treatment of cases of infantile paralysis, sprains, and poor circulation.

The handicap of limited space, which at present hinders satisfactory work at the Back and Feet Remedial Clinic, will be alleviated when the proposed new Orthopædic Department is opened. In this building arrangements will be made for a suitable plaster room. At present plaster work is carried out under difficulties.

#### ANALYSIS OF ATTENDANCES AT THE ORTHOPÆDIC CLINIC, 1936.

Congenital Deformities—Torticollis	...	...	...	9
Spinal malformation	...	...	...	4
Dislocation of hip	...	...	...	3
Other forms	...	...	...	10
Rickets—Genu valgum	...	...	...	23
Genu varum	...	...	...	—
Other forms	...	...	...	7
Tuberculosis of—Spine	...	...	...	6
Hip ...	...	...	...	12
Upper limb...	...	...	...	3
Lower limb...	...	...	...	11
Plantar warts	...	...	...	4
Muscular dystrophy	...	...	...	1
Hammer toes	...	...	...	3
Pes cavus	...	...	...	14
Pes planus	...	...	...	111
Spinal deformities—Kyphosis	...	...	...	30
Kyphosis with pes planus	...	...	...	5
Scoliosis	...	...	...	34
Scoliosis with pes planus	...	...	...	6
Kypho-scoliosis	...	...	...	17
Lordosis	...	...	...	1
General poor posture	...	...	...	25
General poor posture with pes planus	...	...	...	3
Hallux valgus	...	...	...	8
Postural torticollis	...	...	...	7
Rheumatoid arthritis	...	...	...	6
Osteomyelitis	...	...	...	2
Old anterior poliomyelitis	...	...	...	24
Sprains and other joint injuries	...	...	...	9
Effects of old injuries	...	...	...	8
Schlatter's disease	...	...	...	1
Various other conditions	...	...	...	20

## RHEUMATIC AND HEART CLINIC.

This Clinic is held on one afternoon each week. It has remained purely supervisory in nature—modifications of exertion, diet and general home conditions have in many cases been effected. Where more active treatment was found necessary, the child was referred either to a private doctor or Hospital. Some received artificial sunlight treatment with benefit, and a number were successfully treated at the Ear, Nose, and Throat Clinic. The Dental Department and Orthopædic Clinic also co-operated most helpfully. In a few cases, as shown below, it was decided that only a prolonged period of Hospital treatment held out satisfactory hopes of benefit. In three instances it was found impossible to persuade parents to take advantage of the residential facilities which were offered.

The following tables give details of the work of the Clinic :—

TABLE A.

Number of children remaining under supervision, January, 1936	...	...	...	...	...	117
Number of children seen for the first time during 1936	...	...	...	...	...	52
Discharged during 1936	...	...	...	...	...	45
Number remaining under supervision, December, 1936	...	...	...	...	...	124
Total number of visits paid to Clinic during 1936						338

TABLE B.

Of the new cases, the following gave history of :—						
Rheumatic Fever	...	...	...	...	...	4
Rheumatic Pains	...	...	...	...	...	19
Chorea	...	...	...	...	...	4
Lesser disturbance of the nervous system					...	10

TABLE C.

Of the new cases, the following were suspected or showed evidence of cardiac abnormality :—

Definite Carditis	...	...	...	...	...	6
Suspected Carditis	...	...	...	...	...	14
Congenital abnormality	...	...	...	...	...	8

TABLE D.

Recommendations made during the year with regard to individual children :—

Recommended admission to Hospital, Hospital				
School or Open-air School	...	...	...	7
Actually admitted to	...	...	...	4
Sent to private doctor	...	...	...	8
Referred to Ear, Nose, and Throat Surgeon	...			9
Drills and games at school stopped	...	...		8
Drills and games at school curtailed	...	...		4
Restrictions regarding drills and games removed				13

### ARTIFICIAL SUNLIGHT CLINIC.

This Clinic is held on two sessions per week, one morning and one afternoon. The children are referred from private practitioners, Infant Welfare Centres, School Medical Inspection, various School Clinics, and the Tuberculosis Dispensary. The apparatus used is an Hanovia mercury vapour lamp in combination with an infra red lamp. Each child referred to the Clinic is primarily examined by the Medical Officer in charge, and the initial exposure prescribed should artificial sunlight be considered suitable. The exposures are gradually increased in time according to each child's susceptibility to reaction. Each child is seen by the Medical Officer personally at least once each week, weight and temperature of every child being taken at every visit. The maximum exposure in most cases was six minutes, although a few children in whom deeper pigmentation was considered advisable were given longer exposures. An interval of a few weeks is given between courses. The results of treatment are tabulated below. A considerable number of children received other treatment concurrently with artificial sunlight, and its nature has been indicated. The results in the tables are not final, as many of the children referred to are still under treatment.

The rather large proportion of children noted as "ceased attending" is due in some part to the occurrence of infection either of the patient or contact. Some, however, is due to the unavoidable waiting necessitated by large attendances. This should be considerably minimised by the establishment of a similar Clinic at Sydney House. The following up of defaulters will be continued.

	School. Pre-School.	
Children who attended for the first time in 1936	51	49
Children who continued to attend from previous year	41	16

Ailment.	No.	Cured.	Definite Improvement.	No Material Improvement.	Ceased Attend- ing.	Other Treatment.				
						Cod Liver Oil and Malt.	Calcium.	E.N.T.	Ortho- pædic.	Other.
SCHOOL CHILDREN.										
Cervical Adenitis ...	16	10	2	2	2	2	—	—	—	1
General Debility ...	38	14	11	8	5	9	6	3	1	3
Nervous Instability	22	8	8	2	4	2	4	2	—	1
Asthma ...	4	—	3	1	—	3	—	—	—	3
Recurrent Bronchitis	7	2	4	1	—	3	—	1	—	1
Rheumatism ...	1	—	1	—	—	—	—	—	—	1
Sinus ...	1	—	1	—	—	—	—	1	—	—
Psoriasis ...	1	—	1	—	—	—	—	—	—	1
Acne ...	1	—	1	—	—	—	—	—	—	1
Dermatitis ...	1	1	—	—	—	—	—	—	—	—
Totals ...	92	35	32	14	11	17	10	6	1	12
PRE-SCHOOL CHILDREN.										
Rickets ...	21	1	9	2	9	4	2	—	5	2
General Debility ...	36	6	11	5	14	6	4	—	—	—
Cervical Adenitis ...	6	2	3	—	1	—	—	2	—	—
Nervous Instability	1	—	1	—	—	—	—	—	—	—
Sinus ...	1	—	—	1	—	—	—	—	—	—
Totals ...	65	9	24	8	24	10	6	2	5	2

The total attendances at the Clinic were 2,760, of whom 1,637 were of school children and 1,123 of pre-school children.

## SYDNEY HOUSE.

Sydney House serves a rapidly growing population on the east side of the River Itchen. Clinics are held on Wednesday and Friday afternoons, at which school children attend for conditions usually treated at Clinics, although occasionally children are brought who are outside the scope of our work and who have fractured limbs or suspected appendicitis. For two reasons the attendances are proportionately higher at these Clinics than at the corresponding Clinics at 1 East Park Terrace.

Firstly, many newcomers to the district have not previously had cause to take their children to a doctor in this part of the town, and so consult the School Medical Officer in the first instance.

Secondly, owing to difficulties and expense of transport, it is less convenient for parents on this side of the river to take their children to the Casualty Department of the Royal South Hants and Southampton Hospital for injuries. They prefer to take the risk of treating such injuries at home until the appropriate afternoon for attending at Sydney House.

### ATTENDANCES.

		New.		Old.		Total.			
		1936.	1935.	1936.	1935.	1936.	1935.		
Skin	...	363	415	...	2590	2267	...	2953	2682
General	...	661	695	...	1454	2017	...	2115	2712

These figures require some explanation.

1. Whilst the number of new skin cases has decreased, the total attendances for such cases have increased during 1936. It is now the practice to order all children old enough to attend here alone to report to the Nurse daily whilst they are excluded from school. Such regular attendance definitely decreases the time taken to heal skin lesions on parts exposed to picking.

2. Although the number of new general cases approximates to that of 1935, there is a sharp decline in the number of subsequent attendances. At the beginning of this year it became clear that there was a growing tendency amongst parents to regard the Clinic as a source of free medicine rather than a centre for medical advice. On numerous occasions it was only by direct questioning that the Medical Officer discovered that the parents had their own doctor.

On these occasions the parents were urged to join a Doctor's " Club " at the earliest opportunity, and, if unable to afford this, cases requiring domiciliary treatment were referred to the District Medical Officer.

On Saturday mornings a diphtheria immunisation Clinic is held regularly, and any special cases that may arise are seen by appointment. Two thousand and four attendances were recorded for immunisation in 1936, as compared with 3,714 in 1935. In the former year the incidence of diphtheria was unusually high, and so parents were only too eager to have their children protected. Lately it has required considerable coaxing by the medical and nursing staff to persuade parents to bring up their children for the complete course.

### SPEECH CLINIC.

The Instructor-in-charge of the Speech Clinic for Elementary School children (in conjunction with the collaborating School Medical Officer) submits the following report on the period 1st January to 31st December, 1936 :—

	Number on Register 1st Jan., 1936.			Number Admitted during 1936.			Number Discharged during 1936.			Number on Register 31st Dec., 1936.		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Stammerers	21	6	27	22	5	27	13	8	21	30	3	33
Speech Disorders other than Stammering	9	3	12	10	4	14	12	3	15	7	4	11
	30	9	39	32	9	41	25	11	36	37	7	44

The children discharged were classified as follows :—

	Stammerers.	Disorders of Speech other than Stammering.		Total.
Provisionally Cured ... ..	8 (a)	10 (d)	...	18
Much Improved ... ..	9 (b)	4 (e)	...	13
Slightly Improved ... ..	4 (c)	1 (f)	...	5
	21	15		36

- (a) One of these has left school and one has left the district.  
 (b) Five of these have left school and one has been transferred to a Secondary School.  
 (c) One of these has left school and one has left the district.  
 (d) One of these attended for Stammering and Dyslalia but now attends for Stammering only, the Speech Defect having been remedied.  
 (e) Three of these were Cleft Palate cases and perfect results were impossible owing to degree of anatomical abnormalities.  
 (f) To be re-admitted later. To receive plastic treatment.

Classification of certain cases is difficult. "Much Improved," applied to a case described as "Marked Stammer" on admittance, is more encouraging and valuable than "Provisionally Cured" applied to a mild speech defect. To fully appreciate the result obtained, it is necessary to know the details of a case, e.g., environmental conditions, general health, etc.

Eight children examined by the Medical Officer were considered unsuitable for attendance at the Speech Clinic. The Medical Officer supervising the Speech Clinic was of the opinion that certain children with defective speech were most unlikely to benefit from remedial speech therapy without the concurrent Child Guidance, which could only be regularly employed in the existence of a Child Guidance Clinic.

Approximately 270 children were interviewed by the instructor-in-charge during his visits to schools. In the majority of cases the parents of the children concerned were present.

Five visits were paid to the Special School.

As a result of the forms sent to the schools in July, 396 children, according to their teachers, were in need of advice or treatment. This number included children already attending the Clinic. Seven departments failed to submit returns.

Progress was made during the year. The rooms at the disposal of the Speech Clinic were not conducive to the best results, owing to external street noises and limited space. When the re-organisation of the School Clinic is effected, it is hoped that better accommodation will be provided.

Since the establishment of the Speech Clinic, one of the classes of stammering children has consisted entirely of girls, but this was found to be no longer possible in September, owing to the large preponderance of boys requiring treatment. Boys of 6—8 years of age were admitted to the previously exclusive girls' class. The mixed class is working well. The responsibility entrusted to the

senior girls in aiding the small boys has been of advantage to the former, while the latter have benefited by treatment in a more incipient stage than would otherwise have been possible.

Early in the year glove puppets were introduced into the Clinic, and proved very helpful in encouraging diffident stammering children to speak. Hidden by the curtain, the young performers found psychological release in manipulating the puppets, and results in some cases were surprisingly successful.

To expedite the treatment of stammering children, a form (see page 51) was forwarded to the Head Teacher of each stammering child on admittance. Hitherto the information required had been obtained by the Instructor on his first visit to a child's school following admittance. Occasionally the visit was unavoidably postponed, and the information required was consequently delayed.

In the course of his visits to schools, the Instructor-in-charge of the Speech Clinic occasionally interviewed children whose parents had refused dental treatment. In the majority of such cases the parents were successfully persuaded to send their children for the necessary dental correction, as it was pointed out to them that dental gaps interfere with speech. This simple fact had often been overlooked.

The Health Visitors, at the request of the Speech Clinic, paid several visits to the homes of the children attending it, and succeeded in furthering the co-operation between home and Clinic. Their valuable help was greatly appreciated.

It was evident that the single weekly session devoted to the treatment of speech disorders other than stammering was inadequate to cope with the many cases needing advice and treatment, and an additional weekly session for this type of remedial speech work was applied for. It was granted, and the start is to be made early in the New Year.

Name of Child ..... School.....

Date of birth..... Date of admittance to Speech Clinic.....

Class.....

General attainments at school : (a) Good .....  
(b) Average .....  
(c) Sub-normal .....

Best subjects .....

Particular difficulty in.....

Any peculiarities of temperament and behaviour .....

Any adverse home influence known to you.....

Signature of Head Teacher.....

Date.....

Please forward completed form to the Speech Clinic, 1 East Park Terrace, Southampton.

### CONGENITAL SYPHILIS.

As stated in previous Reports, the School Medical Department and the Venereal Disease Department work in co-operation in dealing with children suspected to be suffering from this ailment.

The following table shows the number of children suffering from congenital syphilis at the end of 1935 and 1936 :—

			Boys.	Girls.	Total
1936	Between the ages of 5 and 15	...	2	8	10
1935	Between the ages of 5 and 15	...	3	8	11

### MUNICIPAL CLINICS.

The days and hours on which the various Clinics are held are as follow :—

#### 1 East Park Terrace, Southampton.

##### EAR, NOSE, AND THROAT CLINIC.

Monday, 9 a.m. (by appointment).

Thursday, 9 a.m. (by appointment).

##### OPHTHALMIC CLINIC.

Tuesday, 2 p.m. (by appointment).

Wednesday and Friday, 9 a.m. (by appointment).

##### SKIN CLINIC.

Tuesday and Friday (Medical Officer), 2 p.m.

Daily by Nurses.

##### INSPECTION CLINIC.

Wednesday, 2 p.m.

##### DENTAL CLINIC.

Monday to Friday, 9 a.m. to 12.30 p.m., and 2 p.m. to 5 p.m.

Saturday, 9 a.m. to 12 noon.

Thursday afternoons for casuals.

Saturday mornings for Orthodontic work.

(Children only seen by appointment, except on Thursday afternoon, which is set aside for casuals. Urgent cases of toothache can be dealt with at any time.)

## RHEUMATIC AND HEART CLINIC.

Thursday, 2 p.m. (by appointment).

## ARTIFICIAL SUNRAY CLINIC.

Tuesday, 9.30 a.m. to 12 noon, and Friday, 2 p.m. to 4 p.m.  
(by appointment).

## ORTHOPÆDIC CLINIC.

Wednesday, 2 p.m.

## REMEDIAL EXERCISES CLINIC.

Monday, Wednesday, Thursday, Friday and Saturday, 9 a.m.  
to 12 noon (by appointment).

## SPEECH CLINIC.

Clinics for speech defects are held on Monday morning,  
Tuesday morning, Friday morning and afternoon, and  
on Saturday morning.

## DIPHTHERIA IMMUNISATION CLINIC.

Monday and Thursday afternoons, 2 p.m. to 4.30 p.m.  
(Special sessions are also arranged; attendance by  
appointment only).

**Sydney House, Pear Tree Avenue, Bitterne.**

## SCHOOL CLINIC.

Wednesday and Friday, 2 p.m. to 5 p.m.

## DENTAL CLINIC.

Monday to Thursday, 9 a.m. to 12 noon, and 2 p.m. to 5 p.m.

Friday, 2 p.m. to 5 p.m.

Saturday, 9 a.m. to 12 noon.

Thursday afternoon for casuals.

(Children only seen by appointment, except on Thursday  
afternoon, which is set aside for casuals. Urgent cases  
of toothache can be dealt with at any time.)

(School Dental Inspection is carried out on Friday morning;  
no Dentist is then available.)

Appointments are made for children attending all these  
clinics by the Medical Officers or Health Visitors.

Appended is a summary of the attendances of children made at the various Clinics during the year :—

Clinic.	1 East Park Terrace.		Sydney House.		Total
	New.	Old.	New.	Old.	
Dental Clinic ... ..	4966	5298	2600	2764	15,628
Skin Clinic ... ..	1323	7302	363	2590	11,578
General Inspection ... ..	604	1984	661	1454	4,701
Ophthalmic Clinic ... ..	529	2563	—	—	3,091
Ear, Nose and Throat Clinic ...	874	1639	—	—	2,511
Orthopædic Clinic ... ..	199	6179	—	—	6,377
Rheumatism Clinic ... ..	54	284	—	—	338
Sunlight Clinic ... ..	54	1508	—	—	1,561
Special Clinics ... ..	531		180		711
Immunisation Clinic ... ..	6399		2004		8,403
Totals ... ..	42,290		12,616		54,906
1926 ... ..	18,475		2,153		20,628

Swaythling Branch Clinic ... ..	5,087
Shirley Warren Branch Clinic ... ..	786
	— 5,873
Tuberculosis Clinic ... ..	1,502

### INFECTIOUS DISEASE.

There was considerably less infectious disease during 1926 than in the two previous years. Certain schools showed the presence of minor epidemics of scarlet fever and diphtheria, and the usual precautions to prevent the spread of infection were taken. In one school a carrier was found at the end of the year who had possibly been responsible for the infection of several other children, but elsewhere it was less easy to determine the source of infection. The incidence of scarlet fever was more marked in the Sholing area, although cases occurred throughout the Borough.

Immunisation against diphtheria was continued throughout the year, but, in spite of the efforts of the medical officers and nurses, assisted by the teachers, the response was not encouraging last year. Only about 500 new cases were dealt with during the year.

Pamphlets and consent forms are sent to all schools before medical inspection takes place, and the Medical Officers draw attention to the benefits of immunisation when interviewing the parents. Letters are sent to each parent on the first birthday of their children, couched in similar terms to the standard forms, and parents are advised at the Welfare Centres to utilise this form of protection. With the recent epidemic still in mind, I hope further progress will be reported next year.

As I mentioned, a report was prepared by Drs. Dear and Stewart, in collaboration with myself, on the relative advantages of the materials used. This was printed in the national medical periodicals, and is re-printed as an appendix to this Report. As the consequence of the findings of this report, the technique for the administration of the Alum Precipitated Toxoid was changed. Instead of one injection of .5 c.c., we now give one injection of .15 c.c., and, a fortnight later, an injection of .5 c.c. This has improved the rapidity and efficacy with which immunity develops.

The following table gives details of the work done during the year :—

The number of children who have received :—

A course of three injections of T.A.F., and whose final Schick Test was negative	...	56	
A course of one injection of A.P.T., and whose final Schick Test was negative	... ..	60	
A course of two injections of A.P.T., and whose final Schick Test was negative	... ..	173	
A primary Schick Test only with a negative result	... ..	20	
A primary Schick Test only with a positive result	... ..	19	
A FINAL Schick Test only with a negative result, after a course of :—			
T.A.F.	... ..	1,173	
A.P.T.	... ..	320	
		—	1,821
A course of one injection (.5 c.c.) A.P.T.	...	38	
One injection (.15 c.c.) A.P.T.	... ..	16	
Two injections of A.P.T.	... ..	116	
Three injections of T.A.F.	... ..	7	
		—	177

(The children subjected to primary Schick Test were inhabitants of a Home under the control of the London County Council who had been in contact with a case of diphtheria.)

**INFECTIOUS DISEASES.**

	1936.	1935.	1934.	1933.	192
Diphtheria ... ..	135	378	342	109	194
Scarlet Fever ... ..	172	199	332	284	121
Enteric Fever ... ..	—	1	—	1	—
Acute Poliomyelitis ... ..	—	1	2	5	—
Typhoid Fever ... ..	—	—	—	—	—
Para-Typhoid ... ..	—	—	1	1	—
Cerebro-Spinal Fever ... ..	—	1	1	1	—
Encephalitis Lethargica	—	—	—	—	—

**EPIDEMIC AND INFECTIOUS DISEASES.****1st January to 31st December, 1936.****Arranged in Groups of Schools which serve the different sections of the town.****Ascupart.**

	Diphtheria.	Scarlet Fever.
Boys' Department ... ..	1	—
Girls' „ ... ..	1	—
Infants' „ ... ..	3	21

**Eastern District.**

Boys' Department ... ..	2	—
Girls' „ ... ..	2	11
Infants' „ ... ..	3	21

**Deanery Senior.**

Boys' Department ... ..	1	—
Girls' „ ... ..	5	11

**St. John's**

... ..	4	31
--------	---	----

**St. Joseph's**

... ..	9	—
--------	---	---

**St. Mary's.**

Infants' Department ... ..	—	21
Girls' „ ... ..	1	—

**Central District.**

Boys' Department ... ..	4	31
Girls' „ ... ..	3	71
Infants' „ ... ..	13	81

**Bevois Town.**

Boys' Department ... ..	—	—
Girls' „ ... ..	—	—
Infants' „ ... ..	1	—

**Northam.**

Boys' Department ... ..	2	—
Girls' „ ... ..	2	—
Infants' „ ... ..	8	21

						Diphtheria.	Scarlet Fever.
<b>Western District.</b>							
Boys' Department	...	...	...	...	...	I	3
Girls'	„	...	...	...	...	—	I
Infants'	„	...	...	...	...	I	2
<b>Freemantle C. of E.</b>							
Boys' Department	...	...	...	...	...	2	—
Girls'	„	...	...	...	...	—	I
Infants'	„	...	...	...	...	I	I
<b>Springhill R.C.</b>							
Boys' Department	...	...	...	...	...	—	—
Girls' and Infants' Departments	...	...	...	...	...	2	4
<b>St. Mark's</b>						I	I
<b>Shirley.</b>							
Boys' Department	...	...	...	...	...	2	I
Girls'	„	...	...	...	...	6	4
Infants'	„	...	...	...	...	—	7
<b>Shirley Warren.</b>							
Infants' Department	...	...	...	...	...	6	3
<b>Coxford Junior</b>						2	I
<b>Regent's Park.</b>							
Boys' Department	...	...	...	...	...	2	2
Girls'	„	...	...	...	...	—	—
Infants'	„	...	...	...	...	—	4
<b>Foundry Lane.</b>							
Boys' Department	...	...	...	...	...	—	I
Girls'	„	...	...	...	...	I	—
Infants'	„	...	...	...	...	—	4
<b>Bitterne Park.</b>							
Boys' Department	...	...	...	...	...	—	—
Girls'	„	...	...	...	...	I	—
Infants'	„	...	...	...	...	I	4
<b>St. Denys.</b>							
Boys' Department	...	...	...	...	...	—	—
Girls'	„	...	...	...	...	—	—
Infants'	„	...	...	...	...	2	I

						Diphtheria.	Scarlet Fever.
<b>Portswood.</b>							
Boys' Department	...	...	...	...	...	—	2
Girls' „	...	...	...	...	...	—	—
Infants' „	...	...	...	...	...	2	2
<b>Highfield C. of E.</b>							
Mixed ...	...	...	...	...	...	—	7
<b>Swaythling.</b>							
Boys' Department	...	...	...	...	...	—	1
Girls' „	...	...	...	...	...	2	2
Infants' „	...	...	...	...	...	1	3
Junior Mixed	...	...	...	...	...	1	3
<b>Bassett Green</b> ...	...	...	...	...	...	7	4
<hr/>							
<b>Sholing.</b>							
Boys' Department	...	...	...	...	...	4	2
Girls' „	...	...	...	...	...	—	4
Infants' „	...	...	...	...	...	2	20
<b>Merry Oak</b> ...	...	...	...	...	...	3	1
<b>Ludlow Road.</b>							
Boys' Department	...	...	...	...	...	8	3
Girls' „	...	...	...	...	...	3	3
Infants' „	...	...	...	...	...	3	4
<b>Bitterne C. of E.</b>							
Boys' Department	...	...	...	...	...	2	—
Girls' „	...	...	...	...	...	—	—
Infants' „	...	...	...	...	...	1	5
<b>Bitterne Manor</b> ...	...	...	...	...	...	—	3
<b>Pear Tree Green.</b>							
Junior Mixed ...	...	...	...	...	...	7	—
<b>Station Road.</b>							
Infants' Department	...	...	...	...	...	9	11
Special ...	...	...	...	...	...	—	1
<b>Woolston.</b>							
Boys' Department	...	...	...	...	...	1	1
Girls' „	...	...	...	...	...	1	2
Infants' „	...	...	...	...	...	—	3
<b>Woolston R.C.</b>							
Mixed ...	...	...	...	...	...	—	—

**Secondary Schools.**

					Diphtheria.	Scarlet Fever.
Taunton's	...	...	...	...	I	—
King Edward VI	...	...	...	...	—	5
Itchen Secondary	...	...	...	...	I	I
St. Anne's	...	...	...	...	—	2

**CHILDREN EXCLUDED FROM SCHOOL, 1936.**

The following are particulars of the defects for which children were excluded from School as required by the Code.

Adenitis	...	...	...	...	...	...	7
Adenoid Operations	...	...	...	...	...	...	6
Blepharitis	...	...	...	...	...	...	7
Bronchitis	...	...	...	...	...	...	25
Chorea	...	...	...	...	...	...	9
Chicken Pox	...	...	...	...	...	...	12
Conjunctivitis	...	...	...	...	...	...	10
Debility	...	...	...	...	...	...	72
Pediculosis Capitis	...	...	...	...	...	...	320
Dermatitis	...	...	...	...	...	...	10
Epilepsy	...	...	...	...	...	...	2
Glands	...	...	...	...	...	...	9
Heart Disease	...	...	...	...	...	...	6
Herpes	...	...	...	...	...	...	21
Influenza	...	...	...	...	...	...	8
Impetigo	...	...	...	...	...	...	535
Mumps	...	...	...	...	...	...	5
Otitis Media	...	...	...	...	...	...	8
Otorrhœa	...	...	...	...	...	...	21
Ringworm (Head)	...	...	...	...	...	...	18
Ringworm (Body)	...	...	...	...	...	...	20
Rheumatism	...	...	...	...	...	...	5
Rhinitis	...	...	...	...	...	...	4
Scabies	...	...	...	...	...	...	41
Sores	...	...	...	...	...	...	260
Seborrhœa	...	...	...	...	...	...	8
Tonsil Operations	...	...	...	...	...	...	21
Tonsil and Adenoid Operations	...	...	...	...	...	...	246
Tonsillitis	...	...	...	...	...	...	32
Whooping Cough	...	...	...	...	...	...	12
Miscellaneous	...	...	...	...	...	...	617

### OPEN-AIR EDUCATION.

By means of playground classes and school journeys, the advantages of open-air education are utilised, as far as possible, by the teachers. A detailed report on the Summer School, at Lee-on-the-Solent, is given below.

During the year 109 children enjoyed the advantage of a period of stay at the Residential Open-air School, at Ventnor. The defects from which these children suffered are given below:

Bronchitis	...	...	...	...	...	...	36
„ and Asthma	...	...	...	...	...	...	6
„ and Mitral Stenosis	...	...	...	...	...	...	1
„ and Malnutrition	...	...	...	...	...	...	1
„ and Enlarged Mediastinal Glands	...	...	...	...	...	...	4
„ and Emphysema	...	...	...	...	...	...	1
„ and Debility	...	...	...	...	...	...	8
„ and Bronchiectasis	...	...	...	...	...	...	2
„ and Emphysema and Bronchiectasis	...	...	...	...	...	...	1
							— 60
Enlarged Mediastinal Glands	...	...	...	...	...	...	3
„ „ „ and Heart Disease	...	...	...	...	...	...	1
							— 4
General Debility	...	...	...	...	...	...	16
„ Cervical Adenitis	...	...	...	...	...	...	2
„ and Anæmia	...	...	...	...	...	...	2
„ and Malnutrition	...	...	...	...	...	...	2
„ Chorea and Mitral Stenosis	...	...	...	...	...	...	2
„ and Tuberculous Glands Neck	...	...	...	...	...	...	1
							— 25
Anæmia and Malnutrition	...	...	...	...	...	...	1
Asthma	...	...	...	...	...	...	3
„ and Emphysema	...	...	...	...	...	...	1
							— 5
Malnutrition and General Debility	...	...	...	...	...	...	1
Others	...	...	...	...	...	...	4

### SUMMER SCHOOL.

The sixth season opened on 17th April and closed on 4th October, a period of 18 weeks. During this time 980 children attended, as compared with 627 in the previous season. These were composed of 503 boys from 19 departments, and 477 girls from 17 departments.

SUMMER SCHOOL ROTA.

Date of Visit.	School.		No.	Superintendent.	Staff.
17th April to 1st May	...	St. Denys Boys'	...	Mr. A. Eling	Mr. H. W. Hyde
		Sholing ...	...		
		Bevois Town	...		
		St. Mark's C. of E. ...	...		Mr. E. J. Chard
		Ludlow Road	...		Mr. Hawkins
1st May to 15th May	...	Central District (Girls)	...	ditto	Miss Wood
		Deanery Senior Girls'	...		Miss Potter
		Springhill R.C. Girls'	...		Miss McGarry
		St. Joseph's R.C. Girls'	...		Miss McIntyre
		Bitterne Park Girls'	...		Miss Oke
15th May to 29th May	...	Mount Pleasant Boys'	...	ditto	Mr. E. J. Henley
		Swaythling Senior Boys'	...		Mr. Cooper
		Deanery "A"	...		Mr. R. J. Chandler
		Northam ...	...		Mr. J. Taylor
			...		Mr. Pendry
5th June to 19th June	...	Northam Girls'	...	ditto	Misses Burt, Holmes, McArthur, Campbell, Hardy
19th June to 3rd July	...	Bitterne Park "A" (Boys)	...	ditto	Mr. L. Abbess
		Deanery "B"	...		Mr. W. C. Heasell
		Portswood	...		Mr. Dowding
		Merry Oak	...		Mr. H. B. Edwards
		St. Joseph's ...	...		Mr. R. S. J. Barrett

Date of Visit.	School.	No.	Superintendent.	Staff.
3rd July to 17th July	...	...	Mr. F. W. Parry	Miss A. Perren
	Swaythling Senior Girls'	25	...	...
	St. Denys Girls'	22	...	Miss D. M. Taylor
	Mount Pleasant	22	...	Miss A. Bettridge
	Western District	23	...	Miss G. Kitchen
	Ludlow Road	20	...	Miss S. Flaherty
17th July to 31st July	Bevois Town	6	...	...
	...	...	...	...
	Bitterne Park "B" (Boys)	21	ditto	Mr. T. Wandlass
	Woolston Boys'	32	...	Mr. L. W. Stratton
	Western District	20	...	Mr. A. J. Warren
	Foundry Lane	34	...	Mr. E. D. Sebborn
4th Sept. to 18th Sept.	Central District	13	...	Mr. H. Travis
	...	...	...	...
	Portswood Girls'	40	ditto	Miss Ferrant
	...	...	...	Miss Bancroft
	St. Mark's C. of E. ...	8	...	Miss L. M. Streatfield
	Merry Oak Senior	31	...	Miss Roberts
18th Sept. to 4th Oct.	Woolston ...	27	...	Miss Gravestock
	Foundry Lane	15	...	...
	Shirley Boys'	47	ditto	Mr. F. A. E. Jones
	Regent's Park Boys'	31	...	Mr. Shuker
	Portswood ...	5	...	Mr. E. J. Chard
	...	...	...	...
Total—Boys		...	503	...
Girls		...	477	...
Grand total		...	980	...

## ACCOMMODATION.

The policy of replacing tents by dormitories was begun during the present season. One dormitory hut was completed, extensions to ablution hut and latrines were erected, a new cook's bungalow was built, and the previous cook's quarters were converted into a store. A new roadway and concrete paths in the vicinity of buildings were also laid down. These new features suggest a permanent school, and, indeed, those features usually associated with a camp are now reduced to three marquees.

It has, therefore, been decided to change the name from Camp School to that of Summer School.

The dormitory hut is spacious, well ventilated, pleasingly decorated internally, and well lighted naturally and artificially. No means of heating have been provided.

Sixty children can be accommodated in fully-equipped single bedsteads.

At the beginning of the season 30 children were accommodated in one half of the new dormitory hut (the other half was not completed), 20 children in the hut belonging to the Hollybrook Homes, and the remainder in seven bell tents. Three marquees were erected, a small one for dining purposes, and the other two for wet weather classrooms, recreation, letter writing, etc.

Unfortunately the bell tents proved not to be weather-proof, and the children in these had to be moved into the new dormitory (when completed) and to Hollybrook Hut. Four tents had to be condemned. The remaining three are not really fit for sleeping purposes, but can be used for store tents when Hollybrook Homes are in residence during August. As only 60 bedsteads were provided, the additional children were provided with palliasses, etc., and slept on the floor.

## WEATHER.

At no time could it be said that the weather was continuously good. Periods of sunshine, alternated with rain and gales, were frequent. In spite of this a spirit of cheerfulness prevailed, and the staff worked hard to devise means of useful employment and entertainment when it was impossible to venture outside. It is interesting to report that a large number of children refused to forego their daily swim even in very mixed weather.

## DIETARY.

The provisions and cooking were again of the usual high standard of quality, but during the early part of the season some unavoidable difficulty was experienced in procuring green vegetables. The dietetic value of these were counterbalanced by extra fresh fruit, rhubarb, tomatoes, etc., with pleasing results.

## AN EXPERIMENT.

Each fortnightly party is usually made up from a number of schools, each contributing about 20 children. For this experiment 122 girls from Northam Girls' School attended the school as a unit, accompanied by teachers from their own school. A really happy fortnight was spent by these Northam children as one big Northam School family, and much good accrued from their "living" together. On the other hand they had no opportunity of judging and comparing the various standards of other schools, or of "socialising" with other schools, features which usually impress children attending the Summer School.

It was also during the stay of the Northam girls that a nurse spent two long week-ends at the school as a member of the staff. Her presence and her efforts were welcomed and appreciated by staff and scholars, and the daily medical parades were regarded as important and as dignified as a school medical inspection.

## CURRICULUM.

The maximum amount of time was spent "in the open," the curriculum following much the same lines as in the previous year.

The time spent in the various subjects are shown in the following table (per fortnight) :—

Practical Mathematics	...	...	10½ hours.
Nature Study	...	...	4½ „
Seashore Study	...	...	4½ „
Local and Coastal Geography	...	...	5 „
Physical Training	...	...	3 „
Sports	...	...	2¼ „
Sketching	...	...	1½ „

One or two visits to Titchfield Church and Abbey (historical), the newly-arranged visits to Court Barn Farm and Dairy, the tours of the nurseries, the nature ramble from Crofton Cliff to Titchfield formed attractive and interesting periods during the fortnight. The visit to the Farm and Dairies was particularly educative, as the children were shown all the processes through which the milk passes from leaving the cow to the final bottles or cartons.

During the last period in September the children commenced work on a relief model of the School grounds and district, carrying out a survey of fields, roads, etc., from Crofton Cliff to the School site. The boys drew plans and sketches, and cut out little models of buildings, etc., to scale, and placed them in correct positions. This work will be revised and continued each successive session until a complete record of the immediate district is made. This practical side of mathematics and geography proved very popular.

A feature of school life during the long evenings, when it became dark at about 7.30 p.m., was the series of concerts, cinema shows, and readings. The latter was an innovation by one of the staff, which proved very popular. A curious choice for boys was "Alice in Wonderland," selections from which were generally read immediately prior to "lights out" in the dormitories. They served the double purpose of settling the boys and creating an interest in good literature.

The library was begun with 120 books, chosen to satisfy both boys and girls. A definite need has been filled, and practically every child made good use of the books. Two pupils were chosen each fortnight to act as librarians.

#### RELIGIOUS SERVICE.

Another innovation was tried during the second half of the season. On alternate Sundays, instead of attending the church service at Lee-on-the-Solent, a service was held in the big marquee at the school. This was attended by all, except Roman Catholics, who were accompanied to the church at Lee. A member of the staff played the piano for hymns, two children were chosen to read the lessons, and the Superintendent gave a short address and read the prayers.

#### VISITORS.

The Education Committee visited the school on 16th June and again on 25th September. Eighteen attended the first visit and 17 the second. During the tours of inspection particular interest was shown in the work done by the children and displayed

in the Store Hut, in the improvements to the buildings, and in the surface condition of the playing fields.

His Majesty's Inspectors visited the school on three different occasions, and devoted considerable time investigating the details of organisation, curriculum, time-table, and the actual educational undertakings of the school. At their suggestion a new time-table was compiled, the provision of a library hastened, and minor suggestions carried out.

An H.M.I. also visited on a "Free Day" and saw the children at games, optional activities, and in the evening attended the usual week-end concert.

The nature study, marine biology, practical work, physics and social activities apparently impressed the inspectors and received commendation.

Interested teachers from Elementary and Secondary Schools, individual members of the Education Committee, camping advisers to voluntary organisations, visitors from the School Medical Officer's Department, local residents, Roman Catholic officials, and many others were among the people to visit the school, and, in some instances, appreciable donations were left to be spent in prizes for Sports Day activities.

### DAILY PROGRAMME.

7. 0 a.m.	...	...	Rise.
7.45 a.m.	...	...	Breakfast.
8.10 a.m.	...	...	Tooth brush drill.
9. 0 a.m.	...	...	Dormitory and equipment inspection.
9.20 a.m.	...	...	Assembly. Prayers. Registration.
9.30—12. 0 noon	...	...	School.
12.30 p.m.	...	...	Dinner.
1. 0—1.50 p.m.	...	...	Rest and make diary entries, etc.
1.55 p.m.	...	...	Assemble for school.
2. 0—4.15 p.m.	...	...	School.
4.30 p.m.	...	...	Tea.
5.30 p.m.	...	...	Bank and tuck shop.
6.30 p.m.	...	...	Matches, competitive games, swimming entertainments, etc.
7.45—8. 0 p.m.	...	...	Supper.
8. 0—9.15 p.m.	...	...	Free time.
9.15 p.m.	...	...	Retire.
9.30 p.m.	...	...	Lights out.

FORTNIGHTLY DIET TABLE.—30TH JUNE TO 2ND OCTOBER, 1936.

DAY.	BREAKFAST.	DINNER.	TEA.
Friday ...	Tea and Supper only.		
Saturday ...	Boiled Eggs or Shredded Wheat. Hot Milk. Bread, Butter. Marmalade.	Sausage. Mashed Potatoes. Greens. Rice Pudding.	Bread, Butter. Jam. Cake.
Sunday ...	Breakfast Sausages. Bread, Butter. Marmalade.	Shepherd's Pie. Greens. Fresh Fruit <i>or</i> Baked Apples or Plums and Custard.	Bread, Butter. Jam. Cake. Lettuce or Onions.
Monday ...	Porridge. Orange or Apple. Bread, Butter.	Hot Pot. Green Vegetables. Sago Pudding.	Bread, Butter. Jam. Cake.
Tuesday ...	Stewed Fruit. Bread, Butter.	Roast Meat. Baked and Boiled Potatoes. Greens. Rice Pudding.	Bread, Butter. Jam. Cake.
Wednesday ...	Shredded Wheat. Hot Milk or Porridge. Bread, Butter. Marmalade.	Meat Pie. Potatoes. Green Vegetables. Stewed Fruit (Rhubarb, Gooseberries, Plums, Apples).	Bread, Butter. Jam. Cake. Lettuce.
Thursday ...	Cold Ham. Bread, Butter. Marmalade.	Breakfast Sausage. Bread, Butter. Cheese. Cake. Apple. Orange (Titchfield).	Stewed Fruit or Salad. Bread, Butter.
Friday ...	Porridge. Apple-orange or Banana. Bread, Butter.	Hot Pot or Stew and Potatoes (R.C.'s. Fish). Green Vegetables. Sausage and Mashed Potatoes. Currant Pudding.	Bread, Butter. Jam. Cake.
Saturday ...	Stewed Fruit. Bread, Butter.	Shepherd's Pie. Rice Pudding.	Bread, Butter. Lettuce and Tomatoes.
Sunday ...	Fish or Eggs, or Shredded Wheat. Bread, Butter. Jam or Marmalade.	Cold Ham or Beef. Salad (Tomatoes). Fruit and Custard or Baked Apples.	Bread, Butter. Jam. Cake.
Monday ...	Porridge. Bread, Butter. Jam or Marmalade.	Hot Pot and Green Vegetables, or Sausage and Mashed Potatoes. Apple or Orange or Banana.	Bread, Butter. Salad.
Tuesday ...	Stewed Fruit. Bread, Butter.	Roast Beef. Baked and Boiled Potatoes. Green Vegetables. Sago Pudding.	Bread, Butter. Jam. Cake.
Wednesday ...	Shredded Wheat. Hot Milk. Bread, Butter.	Breakfast Sausage or Bread, Butter. Cheese. Cake. Fruit (Titchfield).	Boiled Egg or Stewed Fruit.
Thursday ...	Bacon (hot) or Sausages. Bread, Butter.	Shepherd's Pie. Rice Pudding.	Bread, Butter. Jam. Cake.
Friday ...	Porridge or Eggs. Bread, Butter. Jam or Marmalade.	Sausage. Mashed Potatoes. Greens. Fresh Fruit.	

Supper each evening,  $\frac{1}{2}$ -pint Cocoa.





## PHYSICAL EDUCATION.

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### REPORT OF THE ORGANISERS OF PHYSICAL TRAINING for the year ended 31st December, 1936.

There can be no doubt that the year under review has been a momentous one in the history of Physical Education in Elementary Schools.

Not only the schools, but the whole country has been awakened to the vital necessity of keeping fit through physical exercise, and public opinion has been stimulated almost continuously by various means, including the Press, conferences, etc., and it is certain that there are greater numbers attending Physical Training classes than ever before.

It is being realised, too, that physical exercise is an important factor not only in the education of the body but also of the mind, and that the co-ordination of the two is not only possible, but is the only means towards the establishment of sound and healthy citizens.

The year commenced with the publication of the Board of Education circulars, Nos. 1444 and 1445. These were followed by the important and far seeing report on Physical Training by the British Medical Association. In the latter part of the year came Circular 1450, which was concerned with clothing and shoes for Physical Training, and the year closed with a promise by the Government to reveal a scheme of Physical Training designed to cover the needs of the whole country.

Repercussion of this activity will be felt not only in schools but amongst every type of people, and the desire of everyone to see a healthy and robust nation is at the beginning of being satisfied.

#### **Physical Training in Boys' Schools.**

Once again it must be reported that the standard of work throughout the town varies considerably. In a number of schools highly satisfactory work is being done, work which would compare favourably with any school in the country. But there are others where only moderate success is attained.

If Physical Training is to be successful it must be regular, thorough, and progressive. Regularity is difficult, as in a great number of schools there is no indoor accommodation for lessons during wet or cold weather.

It can be definitely stated that it is in those few schools where there is adequate accommodation, that the most satisfactory Physical Training takes place.

It must also be remembered that the purpose of Physical Training is more than mere exercise. Perhaps one of its most important features is the development of good habits of posture and movement that will remain with the child for all time. The way to achieve this is by regular attention to the carriage of the body. If, therefore, lessons are omitted because of weather and other adverse conditions, this vital part of the education of the body becomes spasmodic.

It seems therefore that the foundation of a good scheme of Physical Training lies in the provision of adequate accommodation, both indoor and outdoor, and for both Junior and Senior schools. Co-operation with other teachers and during other seasons must also be sought if permanent results are to be obtained.

The majority of schools in the town are without indoor accommodation, and the value of the work suffers accordingly.

The revival of interest in Physical Training occasioned by the introduction of the 1933 Syllabus has been maintained. The difficulties of the interpretation of the exercises has to a large extent been overcome, and there is an improved understanding of exercises performed to a rhythmical swing.

Lesson construction continues to improve, and a fair proportion of the time is now being devoted to the general activity portion of the lesson.

The provision of gymnastic kit is receiving attention, and experiments which are to be carried out in the coming year will provide a basis upon which to build. Meanwhile efforts are being made to encourage the boys to remove as many garments as possible and to provide themselves with plimsolls. Supplies of plimsolls to two schools have been made by the Committee.

The work at Merry Oak Senior School deserves special mention. A thorough and keen interest in all phases of Physical Training has been developed in which all the members of the staff participate. On suitable days practically every boy changes into

gymnastic kit, excluding the vest. By performing his exercises with the upper part of the body bare, the boy experiences a greater degree of freedom, and becomes to a marked extent "body conscious." The teacher, too, is able to observe the effect of his teaching by noting the changes in the bodily contour of the boy, and he can, with more certainty of success, apply the suitable corrective movements.

The development of the organised games scheme of the school is also very satisfactory.

#### ORGANISED GAMES.

The general organisation for the teaching of games still remains unsatisfactory. A successful games lesson depends, in addition to a capable and keen teacher, on a suitable and well equipped playing area. The spaces for the various games and activities should be marked out clearly, and of a size that is within the capabilities of the boy.

As reported last year, all the games are played on the Public Recreation Grounds. No markings are provided for the minor team games or for athletics. The pitches provided, for cricket and football only, are of adult proportions, and the surfaces are in most cases extremely poor.

Steps have been taken to acquire land for Playing Fields, and it is anticipated that within the next year or two some 60 acres will be available for organised games in the Elementary Schools.

#### TEACHERS' COURSES.

The course for Teachers in Senior Schools begun in 1935 was continued during the spring term of 1936. As previously reported the attendance was only moderate.

It is hoped to arrange further courses during the year 1937.

#### SWIMMING INSTRUCTION.

The swimming instruction has continued on lines similar to those of previous years. An allocated number attends from each school, accompanied by a teacher who is responsible for the instruction. During the year, in six schools where there is no suitable teacher, the instruction has been given by a part-time specialist employed by the Education Committee. This has been very successful, and the instruction has been of a high quality.

A further experiment was tried in an attempt to satisfy a scheme in which the instruction is confined to a single class of a school. Under the scheme the normal class of 40 children attends the baths. The maximum number which can be adequately taught by one teacher is approximately 20, and as no school can afford to send two teachers, it was arranged that the teacher should take charge of 20 boys and the specialist instructs the remaining 20.

In the three schools which tried the experiment the arrangements proved satisfactory from all points of view.

It must be borne in mind that the swimming instruction takes place under certain difficulties. As there is only one swimming bath in the town, large numbers of children have to travel long distances, thus making the proportion of time given to swimming instruction in many schools considerable.

The baths are open to members of the public whilst the lessons are in progress, and the instruction of large classes is, at times, rendered difficult.

Under the circumstances a creditable standard of achievement is attained.

The number of attendances made during the year in school hours was 25,530.

The Life Saving Class begun last year concluded with an examination, in which 13 boys gained both the Elementary and Intermediate Certificates of the Royal Life Saving Society.

Such a scheme of swimming instruction would seem to satisfy the needs of the Senior Schools where the majority of boys should already be able to swim.

#### VOLUNTARY ORGANISATIONS.

The work of the Organiser in connection with the various Voluntary Organisations continues to grow, and a large portion of the time is given over to the general supervision and instruction of Physical Training in Boys' Clubs and allied organisations.

Thirteen Boys' Clubs now take advantage of the Education Committee's instructors in Physical Training, and in all there are 15 clubs with regular classes, an increase of 10 since 1935.

The Organiser held two training courses, one for Club Leaders and the other for Boys' Brigade Officers. Attendances at the two courses averaged 20.

Fencing has also been introduced, and two successful classes are held weekly. It is interesting to record that, after having been in existence for only a few months, a team from these classes defeated the University College Fencing Team.

The Organiser works in close co-operation with the Juvenile Organisations Committee and the Federation of Boys' Clubs, and in this way a sound scheme of physical education is being encouraged among the adolescent population of the town.

Classes for unemployed adults were begun. Two classes in Physical Training each week, and, during the summer months one class in swimming instruction have been held. It is difficult to assess the value of such classes as the attendance is usually spasmodic. Although at times persuasion is needed to get the men to join it, it is evident that when they do they thoroughly enjoy and appreciate this form of recreation.

Five open classes for adults were held at Taunton's School Gymnasium. Each class had a membership of approximately 30. If further gymnasia and instructors were available, attendances at this type of class could be multiplied several times.

#### SOUTHAMPTON SCHOOLS ATHLETIC ASSOCIATION.

The Schools Athletic Association is closely connected with the work of Physical Training. The services, mainly out of school hours, are devoted to the health and physical well-being of the boys. The teachers who do the work are to be commended on their wide interest, and deserve support and encouragement.

The Association controls the activities of the football, cricket, swimming, and athletic sections.

A feature of the Athletic Sports this year was displays of Physical Training given by 640 boys and 840 girls.

#### **Physical Training in Girls' Schools.**

The standard has in the last year improved very much, and the posture has certainly shown improvement, particularly among the older girls who are near school leaving age.

Changing for Physical Training is now universal, and one seldom finds more than one or two children in a class who have not changed into knickers and a sleeveless blouse in summer, or knickers and a woollen jumper in the winter. In some classes records are kept each week of the children who change, and it has been found quite often that at the end of the week it is 100 per cent. in all classes. The problem of taking off all clothes and putting on just two garments for Physical Training is advocated; further facilities for changing would be an asset.

#### INFANTS' WORK.

There is spontaneity and joyful activity in the Infants' work of the town. In many classes now the Infants change their shoes for Physical Training; this, of course, enables greater activity amongst the children, and they are able to run and jump more easily.

The apparatus supplied in the Infants' School is well used, and group activities are used universally, and are found to be successful. Some groups of children practise with balls and hoops on their own, and we should like to see rather more ball games played, so that Infants could learn to handle balls with more confidence.

#### SWIMMING.

Class teaching by the teachers from the schools has been successful. Classes of from 25 to 30 children are being taught by their own class teacher, with the result that larger numbers of children are learning to swim. Where in a school there is no teacher who can take swimming, the teacher at the Swimming Baths has carried on our methods of class teaching excellently. There have been several small School Swimming Galas, which give evidence of the girls' mastery of the water. Life Saving is being taken in a number of classes, and a large number of certificates and medals have been gained. There has been a swimming class for Girls' Clubs, which was successful.

#### VOLUNTARY ORGANIZATIONS.

The Girls' Clubs are actively taking part in Physical Training. 'Keep fit' work to music is being taken in all these classes, and at the competition some very good work was shown. Some Clubs are small, and we could wish either for a larger membership, or, as has happened in one or two cases, that Clubs would amalgamate for this purpose.

## GAMES.

This has been rather an unfortunate year for weather, and many of the field-games and lessons have had to be cancelled, because of rain or very wet ground. In the summer, however, shinty and stool ball have been played with great enjoyment by the girls. We are hoping to have better weather, so that the winter games of shinty may be played through the whole of the winter. Net-ball, which is played on the School Playing Ground, is very good, and some excellent matches have been played.

## KEEP FIT MOVEMENT.

During the year from the beginning of one Keep Fit Class with some 40 women, the Keep Fit Movement has grown to 13 classes with something like 400 women. These classes are held in various parts of the town, led by a staff of enthusiastic leaders. They have adopted a one-piece uniform, a "shorts-dress," which all the members wear. The classes range in size, from 70 to 25 in number, and they are organized for women above and below the age of 25. There is one class for older women and one class for those under 25, and there is an advanced class for those who wish to do rather more strenuous work. The response to this movement has been remarkable. A mass Keep Fit Evening was run in the Coliseum at which four hundred women did mass Keep Fit Training and drills, and 400 women friends came to watch. It was a most entertaining and enjoyable evening. The Medical Officer of Health has kindly allowed one of his women doctors to come and watch the work, and give short health talks to the women. We feel that the movement has grown so much that it is essential to have some guidance on the medical side.

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### PROVISION OF MEALS.

The total number of meals served during the year ended 31st December, 1936, was 371,304, an increase of 14,057 on the number for the preceding year. The meals consisted of 90,771 breakfasts and 280,533 dinners.

The total cost of providing the meals for the year was £5,444, the average cost per meal for food only being 2.03d., and the average total cost per meal 3.16d.

In 1926 107,883 meals were supplied at a cost of £1,870, the cost per meal for food being 2.19d., and the total cost per meal 4.17d.

The Centres at which the meals are provided are :—

SHIRLEY (Boys' Brigade Hall, Stratton Road).

NORTHAM (Northam Congregational Chapel Schoolroom).

CANAL WALK.

WOOLSTON (Mission Hall, Spring Road).

BURGESS ROAD (Burgess Road Mission Hall).

SHOLING (Sholing Methodist Hall, North East Road).

These Centres supplied meals to the following schools :—

SHIRLEY—Foundry Lane, Regent's Park, Shirley, Springhill, Western District, St. Jude's, Shirley Warren Temporary, St. Mark's, and Coxford Junior Temporary.

NORTHAM—Northam, Mount Pleasant and Central District.

CANAL WALK—Eastern District, St. John's, Ascupart, St. Joseph's, St. Mary's, Bitterne Park, St. Denys, and Deanery Senior Boys and Girls.

WOOLSTON—Ludlow Road, Station Road, Pear Tree Green, Woolston R.C., Station Road Special, Woolston Boys, Woolston Girls and Infants, Bitterne C.E., and Merry Oak.

BURGESS ROAD—Portswood, Highfield, Swaythling Senior Boys and Girls, Swaythling Junior Mixed, Swaythling Infants, including Joyce Hall, Bassett Green and Burgess Road.

SHOLING—Sholing Boys, Sholing Middle Road, and Merry Oak.

The number of children for whom dinners and breakfasts were provided from all the Centres was 1,416, and these were drawn from the following schools :—

**St. John's.**

Mixed	...	...	...	...	...	...	39
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**Central District.**

Boys, Girls, and Infants	...	...	...	...	19
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**Ascupart.**

Boys, Girls, and Infants	...	...	...	37
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**St. Denys.**

Boys, Girls, and Infants	...	...	...	5
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**St. Mary's.**

Girls and Infants	...	...	...	3
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**Swaythling.**

Boys, Girls, and Infants	...	...	...	73
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**Swaythling.**

Mixed	...	...	...	...	...	60
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**Highfield.**

Mixed	...	...	...	...	...	2
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**Portswood.**

Boys and Girls	...	...	...	...	...	97
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**Bassett Green, ...**

...	...	...	...	...	...	51
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**Western District.**

Boys, Girls, and Infants	...	...	...	3
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**Freemantle.**

Boys, Girls, and Infants	...	...	...	3
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**Eastern District.**

Boys, Girls, and Infants	...	...	...	42
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**St. Joseph's.**

Boys, Girls, and Infants	...	...	...	39
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**Northam.**

Boys, Girls, and Infants	...	...	...	131
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**Mount Pleasant.**

Boys, Girls, and Infants	...	...	...	23
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**Bitterne Park.**

Boys, Girls, and Infants	...	...	...	8
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**Foundry Lane.**

Boys, Girls, and Infants	...	...	...	24
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**Regent's Park.**

Girls and Infants	...	...	...	78
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**Springhill.**

Boys, Girls, and Infants	...	...	...	10
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**Shirley.**

Boys, Girls, and Infants	...	...	...	133
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**Pear Tree Green.**

Mixed	...	...	...	14
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**Sholing Station Road Special**

...	...	...	30
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Merry Oak	...	...	...	51
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Burgess Road	...	...	...	27
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**Sholing Middle Road.**

Girls and Infants	...	...	...	71
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**Sholing, St. Monica Road.**

Boys	...	...	...	30
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**Woolston R.C.**

Mixed	...	...	...	22
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**Ludlow Road.**

Boys, Girls, and Infants	...	...	...	126
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**Station Road.**

Infants	...	...	...	6
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**Deanery Senior.**

Boys and Girls	...	...	...	...	...	62
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**St. Jude's C.E.**

Infants	...	...	...	...	...	31
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<b>Shirley Warren Temporary</b>	...	...	...	...	31
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**Woolston.**

Boys, Girls, and Infants	...	...	...	3
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<b>Bitterne C.E.</b>	...	...	...	...	12
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<b>Coxford</b>	...	...	...	...	20
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Total	...	...	1,416
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**DINNERS (Winter Menus).****First Week—**

MONDAY.	Pea Soup. Currant Pudding.
TUESDAY.	Sausages in Batter, Potatoes. Rice Pudding.
WEDNESDAY.	Irish Stew. Banana.
THURSDAY.	Meat Pie, Potatoes. Stewed Prunes.
FRIDAY.	Savoury Potatoes. Apple.
SATURDAY.	Shepherd's Pie. Orange.

**Second Week—**

MONDAY.	Lentil Soup. Jam Roll.
TUESDAY.	Shepherd's Pie, Greens. Apple.
WEDNESDAY.	Vegetable Stew. Fig Pudding.
THURSDAY.	Meat Pudding, Potatoes, Greens. Orange.
FRIDAY.	Haricot Soup, Dumplings. Stewed Fruit.
SATURDAY.	Minced Beef, Peas. Sago Pudding.

**Third Week—**

MONDAY.	Irish Stew. Baked Cake Pudding.
TUESDAY.	Savoury Potatoes. Orange.
WEDNESDAY.	Shepherd's Pie, Greens. Stewed Prunes.
THURSDAY.	Hashed Beef, Potatoes. Apple Pudding.
FRIDAY.	Sausages in Batter. Tapioca Pudding.
SATURDAY.	Broth. Treacle Pudding.

**DINNERS (Summer Menus).****First Week—**

MONDAY.	Boiled Eggs, Lettuce, Tomato and Potato Salad. Banana.
TUESDAY.	Sausages in Batter, Potatoes. Rhubarb, Custard, or Orange.
WEDNESDAY.	Savoury Potatoes. Rice Pudding.
THURSDAY.	Hashed Beef, Potatoes. Apple.
FRIDAY.	Bread, Cheese, Lettuce, Onion and Tomato Salad. Orange.
SATURDAY.	Vegetable Stew. Jam Roll.

**Second Week—**

MONDAY.	Savoury Potatoes. Sago Pudding.
TUESDAY.	Boiled Eggs, Lettuce, Tomato Salad. Sultana Pudding.
WEDNESDAY.	Minced Beef, Greens. Stewed Fruit.
THURSDAY.	Bread, Cheese, Lettuce, Tomato and Potato Salad. Orange.
FRIDAY.	Sausages in Batter, Potatoes. Apple.
SATURDAY.	Shepherd's Pie. Banana.

NOTES.—Milk Puddings to be varied by the addition of Chocolate (Sugar and Cocoa), Currants, Sultanas, or Raisins, etc.  
When Stewed Fruit is served, fresh Fruit should be used as often as possible, either alone or mixed with the dried Fruit.

**BREAKFASTS.****Winter—**

MONDAY, WEDNESDAY, and FRIDAY.—	Porridge with Syrup or Bread and Milk.
TUESDAY, THURSDAY, and SATURDAY.—	Bread, Butter, Jam. Cocoa.

**Summer—**

MONDAY to SATURDAY.—	Bread, Butter, Jam. Cocoa.
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NOTE.—Cocoa is not to be given when Porridge or Bread and Milk is served.

### **Method of Selection.**

The arrangements for the selection of children to attend the centres remain unchanged.

### **MALT AND COD LIVER OIL.**

The Assistant School Medical Officers recommend malt and cod liver oil where they consider that children would benefit by receiving it. The parents are given the option of serving the malt and oil at home, but if they wish their children to be served at school, enquiries are made into their financial circumstances by the Attendance Department, and the Education Committee then decide whether the cases shall be free or for payment. All children who are served at school receive one teaspoonful of malt and oil each morning and afternoon. Parents who pay for the malt and cod liver oil pay 3d. a week for each child served.

During the year 904 cases have been notified by the Assistant School Medical Officers. Of these, 93 have been served at home; 304 served at the schools for payment, and 497 served at the schools free; 1 child left the town before the completion of investigations, and 9 refused to take malt and oil.

### **MILK LUNCHESES.**

Milk lunches are provided daily in all the schools. The milk is pasteurised and is served in sealed bottles, each containing one third of a pint. The milk is taken by the children through drinking straws, new straws being provided each day. As in the case of the meals and malt and oil, the Education Committee decide which children shall be supplied free. A supply of milk is often recommended by the Assistant Medical Officers either in conjunction with, or as an alternative to, cod liver oil and malt, where under-nourishment is suspected.

The number of bottles of milk supplied during the year was 1,920,087; 1,417,338 being for payment and 502,749 free.

## MENTALLY AND PHYSICALLY DEFECTIVE CHILDREN.

The arrangements for the examination of this group of children remained the same as in previous years.

The children examined for physical defects again show a considerable preponderance over those examined as to their mental condition.

The Tuberculosis Officer now controls admissions to Sanatoria, so that details of such examinations are not given in the table below.

The results of the examinations carried out are shown :—

### MENTAL EXAMINATIONS—

Not Defective	...	...	...	...	5
Dull or Backward	...	...	...	...	21
Mentally Defective	...	...	...	...	30
Notification to Local Authority	...	...	...	...	11
Diagnosis Postponed	...	...	...	...	4
Certificates returned	...	...	...	...	1
No School	...	...	...	...	1
Multiple Defects	...	...	...	...	5
Other examinations	...	...	...	...	4
					— 82

### PHYSICAL EXAMINATIONS—

Residential Open-air School	...	...	...	...	68
Day Open-air School	...	...	...	...	10
Ordinary School	...	...	...	...	112
Deaf School	...	...	...	...	4
Blind School	...	...	...	...	5
Epileptic School	...	...	...	...	5
Heart Home	...	...	...	...	3
Cripples	...	...	...	...	4
No School	...	...	...	...	5
Others	...	...	...	...	26
					—242
Examinations re Employment	...	...	...	...	105

The examination of children as to their capacity for employment outside school hours was carried out on a considerable scale after the 1st October, 1936, when re-registration was necessary.

## SPECIAL SCHOOL FOR MENTALLY DEFECTIVE CHILDREN.

This school, in Porchester Road, has accommodation for 56 children, who, after examination, have been certified to be incapable of receiving proper benefit in an ordinary school, but not incapable of receiving benefit from instruction in a Special School.

In 1936 the Senior Assistant School Medical Officer paid a visit to the school and carried out the yearly examination; the complete records of the children were scrutinised and the aid of the Head Teacher and the Visitor of the Mental Welfare Association enlisted.

The necessity for improvement in the accommodation was again remarked upon, and it was also noted as a matter of the most considerable importance that no child should be permitted to be withdrawn without medical examination by the Medical Officer.

The results of the inspection are detailed below :—

Sex.	Number Examined.	Parents Present.	Defects requiring			
			Treatment.			Observation.
			Defective Vision.	Defective Hearing.	Flat Foot.	Spinal Curvature.
Girls ...	9	7	2	—	1	—
Boys ...	21	12	—	1	—	1
Totals ...	30	19	2	1	1	1

The number of individual children requiring treatment was :—

Boys ...	...	...	...	1
Girls ...	...	...	...	2

— 3

or 10 % of the children examined.

## SOUTHAMPTON MENTAL WELFARE ASSOCIATION.

There were 237 Education cases on the books of this Association on the 31st December, 1936, made up as follows:—

Under the age of 14 years.

				Boys.	Girls.	Total.	
Feeble-minded	...	...	...	33	18	51	
Dull or backward	...	...	...	38	17	55	
Unclassified	...	...	...	12	11	23	
						—	129

Over the age of 14 years (and under 16 years).

				Boys.	Girls.	Total.	
Feeble-minded	...	...	...	20	15	35	
Dull or backward	...	...	...	42	26	68	
Unclassified	...	...	...	5	—	5	
						—	108
							—
							237
							—

During the year 508 visits were paid to the homes of children, between the ages of 7 and 16 years, attending Special Schools and Elementary Schools in the Borough. Yearly and half-yearly reports were sent to the Secretary of Education, and copies sent to the School Medical Officer.

New cases and re-applications during the year numbered 24.

The following cases were withdrawn from this section:—

Untraced	...	...	...	...	...	1
Left Southampton	...	...	...	...	...	3
Referred to other Associations	...	...	...	...	...	1
Admitted to Special Residential Schools	...	...	...	...	...	5
Not mentally defective	...	...	...	...	...	56
No further action possible	...	...	...	...	...	4
						— 71
Placed under statutory supervision	...	...	...	...	...	6
Transferred to general section on attaining the age of 16	...	...	...	...	...	15
						— 92

During the past year, as each case has been referred by the Education Authority to this Association, the Visitors have endeavoured to obtain information regarding family history which might throw light on the question of what influence is exercised by hereditary and environmental conditions over mentally defective children. The research was carried out with a view to recommending that children living in homes in which it was unlikely that their defect be recognised or adequately dealt with should be admitted to Special Residential Schools, but the serious lack of accommodation in such schools must always be borne in mind.

It is obvious that to obtain its fullest benefit, training should be commenced at the earliest possible age, and that as soon as parents or guardians prove themselves palpably incapable of shouldering responsibility, their children or wards should be removed from their charge. The cases commented on below are offered solely as examples in which both heredity and environment appear to have contributed to a lamentable state of affairs. In each case there exists a bad history of mental defect, and the home circumstances are clearly the most sordid imaginable.

The first case is that of a child of six, recently referred to this Association with a request that the home be visited and report furnished on family circumstances. The house is in a respectable locality, but squalid, poorly furnished, dirty and insanitary, and in the past has been under the supervision of the Inspector of the National Society for the Prevention of Cruelty to Children. The particulars are as follows :—

The father is a confirmed drunkard, and has served a term of imprisonment for neglecting his children. The mother, although never certified, is obviously very low grade feeble-minded, and incapable of caring adequately for herself, her family or her home. She has been visited by this Association since 1929, during which time it has been impossible to obtain any coherent information from her. It transpires, however, that both her aunt and uncle died in mental institutions. She has had seven children and two miscarriages during the last ten years, and is now pregnant for the tenth time.

Of these children, a daughter, born in 1922, is alleged mentally defective, and a son, born in 1925, was certified feeble-minded after removal from the care of a guardian with whom he was placed, following allegations of immoral behaviour with the foster-mother's son, he has recently been admitted to a Special Residential School. The child under special consideration is

been excluded from school, and a recommendation made for his admission to a Special Residential School at the earliest possible date. In this case both heredity and environment appear to be playing an equally detrimental part in the shaping of the child.

The second case is that of a feeble-minded girl, aged thirteen, whose family show examples in three generations of mental defect. The maternal grandmother, alleged mentally defective, had one brother and three sisters, all alleged mentally defective. The paternal grandfather is said to have been low grade and epileptic. The child's father is one of a family of seven, one of whom is under statutory supervision, and another, certified feeble-minded, under voluntary supervision by this Association. The father and mother themselves are said to be low-grade, and from recent events appear to have proved themselves incapable of caring adequately for their family. This consists of two daughters and two sons, including the defective girl under consideration. Her brothers appear to be normal, but the elder sister, aged 16, who has been certified to be feeble-minded, is an immoral character, and has already given birth to an illegitimate son. She has since been placed under Statutory Supervision. The girl to whom we make special reference is certified feeble-minded, and has been admitted to a special day school; she also bears a very unsatisfactory character, and allegations made by neighbours whose children have come into contact with her, prove that she is a danger to the children with whom she associates, and that both they and she would have benefited by her removal to a Special Residential School.

Apart from exemplifying a bad history of mental defect, this family is also illustrative of the detrimental part unsatisfactory home environment can play in the life of the adolescent defective. The fact that the mother is away from home all day, hawking flowers, and that she does nothing to curtail her daughters' undesirable activities, prove that the moral atmosphere in which they have developed has materially contributed to a chain of unfortunate events, which might have been broken by the girls' admission to Special Residential Schools.

These cases show the need and urgency for Special Residential Schools. Where the home conditions are bad, and care, control, and supervision are inadequate, the only hope for a child living in such circumstances is for it to be removed to the healthier atmosphere of a Residential School. With the growth of such schools, there will be a decrease in juvenile delinquency, and the mentally defective child will be trained to adapt itself to a certain degree to the social system.

### NURSERY CLASSES.

Examination was carried out at the Nursery Classes at Eastern, Northam, and Mount Pleasant, as in previous years.

I am pleased to note that provision of more of these classes is contemplated, as there is no doubt that considerable benefit is enjoyed by the children attending them at present.

At the medical inspection 118 children were seen by the Medical Officers, and 34 children were referred for treatment or observation. This represents 28.8% of the children examined.

The defects found were:—

Defect.					Referred for Treatment.	Referred for Observation.
Sub-normal Nutrition	...	...	...	...	3	—
Chronic Tonsillitis	...	...	...	...	3	9
Tonsillitis and Adenoids	...	...	...	...	7	1
Defective Hearing	...	...	...	...	—	2
Otitis Media	...	...	...	...	4	—
Impetigo	...	...	...	...	1	—
Defective Speech	...	...	...	...	—	1
Bronchitis	...	...	...	...	3	1
Enuresis	...	...	...	...	1	—
Deformity, other	...	...	...	...	2	—
Other Skin Disease	...	...	...	...	—	1

The Dentist examined 84 girls and 93 boys in the Nursery Classes, and 24 girls and 35 boys were found to require treatment. This represents 33.3 per cent. of the children examined.

### MEDICAL ADVICE AND TREATMENT.

In the event of children attending the Municipal Clinics for treatment, enquiries are made as to the financial position of the parents or guardians, as in order to comply with Section 81 (1) of the Education Act, 1921, a charge must be made for treatment in accordance with the scale of charges approved by the Board of Education.

Particulars of the scale have from time to time been printed in the Annual Report, but in order to ensure that this information may be kept before those interested the particulars are given hereunder. For convenience they have also been translated into weekly amounts.

- (a) Where the income does not exceed £30 per head per annum (11/6 per head per week) of the family or household dependent on the income—

NO CHARGE TO BE MADE.

- (b) Where the total income of the family exceeds £30 (11/6 per week), but does not exceed £50 per head per annum (19/3 per head per week), charges shall be made as follows :—

	s.	d.	£	s.	d.
Tonsils and Adenoids (operative treatment of) ... ..	10	6			
Maintenance at Borough Hospital	16	4			
	<hr/>		1	6	10
Eye Disease (other than refractions) ... ..				2	6
Spectacles (provided by parents or by special arrangement with the Education Committee)					
Dental treatment (per attendance) ... ..				1	0
Minor Ailments—skin diseases (no charge to be made for first week) ... ..				1	0
X-ray treatment of Ringworm ... ..				15	0
Artificial Sunlight treatment (per attendance) ...				1	0

- (c) Where the income exceeds £50 per head per annum (19/3 per head per week), the charges shall be increased 50 per cent.

Treatment at the Municipal Clinic is offered to all school children, irrespective of whether they attend elementary or secondary schools, and no distinction is made.

The amount of fees received during the year ended the 31st December, 1936, for treatment at the Municipal Clinics was £119 19s. 9d.

# THE RELATIVE VALUES OF TWO METHODS OF ACTIVE IMMUNISATION AGAINST DIPHTHERIA AS SHOWN BY SUBSEQUENT SCHICK TESTING

By

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Reprinted from "The British Medical Journal."

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ACTIVE immunisation against diphtheria by the "one-shot" method has aroused considerable controversy during the last year or two, and the comparison of results obtained by this method and those obtained in the same community by three injections of the previously more used preparations is of considerable importance.

The following reviews show the results obtained in Southampton during the last two years.

Southampton is a town of 178,000 inhabitants and possesses both industrial and residential characteristics.

Immunisation in Southampton was commenced during a period of epidemic prevalence of diphtheria. The initial response to take advantage of the facilities offered was too great to allow of preliminary Schick testing in any but too few instances to enable us to arrive at reliable conclusions as to the Schick negative rate, but experience in other towns has shown that the large majority of children under 10 years are positive reactors.

Since immunisation was commenced, the materials we have used have been Toxoid Antitoxin floccules (Burroughs Wellcome & Co. and Evans, Lescher and Webb) and Alum Precipitated Toxoid (Parke, Davis & Co.). Owing to a shortage of supply of floccules, we were for a short time compelled to use Toxoid Antitoxin Mixture (Burroughs Wellcome & Co.) as a substitute. The dose of T.A.F. and T.A.M. was 1 c.c. at fortnightly intervals for three injections. The dose of A.P.T. was .5 c.c., one injection only.

This review compares the results, as shown by subsequent Schick testing, between the three injections of Antigen and the "one-shot" method.

The actual inoculations and Schick testing were carried out at elementary schools, child welfare centres and special clinics. The Schick testing was carried out by the same group of medical officers throughout so that discrepancies in the reading of Schick tests can be discounted.

Although children of all ages over 12 months were treated, alum precipitated toxoid was employed only in those under 10 years, in view of reported severe reactions in older children. In order to make the findings entirely comparable, Tables I and II refer to children under 10.

It was felt to be important to know whether one method attained immunity more rapidly than the other, and consequently the results are tabulated to show percentages of failures in immunity establishment at various periods up to 12 months subsequent to the last inoculation.

It should be noted that the various groups of children were not retested; neither, however, were they in any way selected, so that each group is comparable with the others, and forms a fair sample of the general community at the selected age-group.

TABLE I.

Results of Schick test in children under 10 at the end of certain periods following inoculation with T.A.F. (T.A.M.) with percentages.

At end of ...	2 months.	3 months.	4-6 months.	7-12 months.	Total.
Number of children tested ... ..	342	357	671	2303	3673
Number of children Schick Positive ...	6	7	5	15	33
Percentage of children Schick Positive ...	1.75%	1.96%	.75%	.65%	.9%

TABLE II.

Result of Schick test in children under 10 at end of certain periods following inoculation with A.P.T. with percentages.

At end of ...	2 months.	3 months.	4-6 months.	7-12 months.	Total.
Number of children tested ... ..	190	157	248	230	825
Number of children Schick Positive ...	18	20	39	43	120
Percentage of children Schick Positive ...	9.47%	12.74%	15.76%	18.7%	14.55%

The above tables indicate most strongly that the three-injection method of T.A.F. (T.A.M.) gives much more certain immunity than does the "one-shot" method with A.P.T., as judged by subsequent Schick testing.

They would also appear to show that in a number of children immunity from three injections of T.A.F. (T.A.M.) may take longer than three months to develop, though the vast majority will have acquired immunity at the end of two months. The children who show delayed development of immunity may be those who for various reasons, e.g., until recently domiciled in rural districts, have previously avoided contact with infection.

With regard to the "one-shot" method as shown in Table II, the figures indicate the possibility of a short-lived complete immunity in a considerable number of children. This, however, cannot be taken as a definite conclusion as no group of children

has yet been retested, but it agrees with Volk's suggestion of a possibly high Schick reversion rate.

## THE COMPARATIVE REVIEW OF OLDER AGE GROUPS.

TABLE III.

Result of Schick test in children over 10 at the end of certain periods following inoculation with T.A.F. (T.A.M.) with percentages.

At end of ...	2 months.	3 months.	4-6 months.	7-12 months.	Total.
Number of children tested ... ..	201	192	552	1055	2000
Number of children Schick Positive ...	4	4	10	19	37
Percentage of children Schick Positive ...	2%	2.08%	1.81%	1.8%	1.85%

Comparison with Table I indicates a slightly increased difficulty in establishing immunity in older children.

A small number of children over 10 years received "one-shot" inoculation of .5 c.c. A.P.T. The total number so treated who were subjected to Schick test more than two months subsequently was 102, and this number is considered too small to be sub-divided as in the preceding tables. The number of positive reactors in the group subsequent to inoculation was 13, which gives a percentage of 12.74. For all practical purposes then the general conclusions with regard to the relative merits of the two methods of immunisation under discussion are the same for children of all ages.

Immunisation against diphtheria was commenced in Southampton in February, 1934. From that date until the end of May, 1936, 22.1 per cent. of the population under 16 years of age had been immunised, though the majority had not yet been subjected to subsequent Schick testing. During the period from June, 1934, till May, 1936, inclusive, 1,180 children under 16 were notified as suffering from diphtheria. Of these 44 or 3.7 per cent. had been actively immunised against the disease or had been found to be immune.

The incidence rate of diphtheria during the period under discussion among children under 16 years of age was 26.8 per 1,000. Among the children of the same age during this same period who had received a full immunising course with or without subsequent Schick testing the incidence rate was 4.5 per 1,000.

The following table gives clinical and bacteriological particulars concerning the 44 children notified as suffering from diphtheria after immunisation. It will be seen that the severe cases among them had not had the Schick test performed subsequent to immunisation, and it is such an occurrence which is liable to bring disrepute upon the measure.

TABLE IV.  
Occurrences of Diphtheria in immunised Children.

	Clinical Signs.					Bacteriological Signs.		
	Total.	None.	Mild.	Severe.	Fatal.	Original swab+ve for K.L.B.	Subsequent swabs+ve for K.L.B.	Subsequent swabs negative.
Schick test neg. (no immunising course given) ...	3	2	1	—	—	3	—	3
Three injections T.A.F. subsequent Schick test neg. ...	8	4	4	—	—	8	3	5
One injection A.P.T. subsequent Schick test neg. ...	3	2	1	—	—	3	2	1
Three injections T.A.F. no subsequent Schick test ...	19	8	10	1	—	19	8	11
One injection A.P.T. no subsequent Schick test ...	11	4	5	2	—	11	6	5
Total ...	44	20	21	3	—	44	19	25

#### CONCLUSIONS.

The "one-shot" method of immunisation with A.P.T. is much less certain in result than the three injections of T.A.F. and T.A.M. As the "one-shot" method is in considerable favour with general practitioners the uncertainty of its results should be clearly realised. A considerable Schick reversion rate is probable after the "one-shot" method with A.P.T.

Severe diphtheria is possible after either method of immunisation, but no severe cases have occurred in a large series where immunity was confirmed by subsequent Schick testing. Schick testing subsequent to immunisation is essential for the reputation of either method.

# AN INQUIRY INTO THE CONSUMPTION OF MILK

## In a representative section of the population on behalf of the School Medical Department

By

J. D. DEAR, M.B., CH.B.ED., D.P.H.,  
Senior Assistant School Medical Officer.

During the spring of 1936 an inquiry was made into the consumption of milk in 667 families in Southampton.

The figures below form a summary of the information from an investigation into the milk consumption of each individual family.

The information was obtained during a period of a few weeks by Health Visitors in the course of their routine visits. It embraces all districts of the County Borough in which Health Visiting is carried out.

The occupations of the wage-earners of the families are given to indicate the type of population under consideration.

With regard to the milk supplied by the Local Authority, some is supplied at a cheap rate and some is supplied free.

Tinned milk was specifically stated to be purchased by 181 families, but information regarding this was incomplete. Moreover, as much tinned milk is deficient in the protective properties of raw milk, that commodity has been omitted from the calculation of milk consumption in this inquiry.

TABLE I.

Number of Families.	Number of Persons.	Adults.	Children.	
			School.	Pre-School.
667	3,227	1,346	817	956

Average No. in Family.	No. of pints per day.		% by L.A.	Average Consumption per head per day.
	Consumed.	Supplied by L.A.		
4.8	1,260.4	288	22.8%	.39 pints

TABLE I (B).

Occupation of Wage Earner.	Number.
Unemployed, Invalids, Widows, etc. ... ..	112
Labourers, Casual Workers, Hawkers, unskilled trades ... ..	216
Artisans ... ..	236
Clerical ... ..	53
Not accurately ascertained ... ..	50
Total	667

The families are grouped according to the amount of milk purchased in Table II, and an analysis of these groups into individuals and milk consumption is given in Table III.

TABLE II.

Group.		
1	Number of families purchasing not more than $\frac{1}{2}$ -pt. per day	161
2	„ „ „ between $\frac{1}{2}$ -pt. and 1 pt. „ „	136
3	„ „ „ „ 1 pt. and 2 pts. „ „	205
4	„ „ „ „ 2 pts. and 3 pts. „ „	129
5	„ „ „ „ 3 pts. and 6 pts. „ „	36
	Total ...	667

TABLE III.

Groups as Table II. (A)	Number of Families. (B)	Number of Persons. (C)	Children.		Receiving Milk.		Dried Milk. (I)	Consumption per day. † (J)	Supplied by I.A. per day. † (K)	Percent. by I.A. † (L)	Average per Head per day. † (M)	Average per Child per day. * † (N)
			Pre- School. (D)	School. (E)	Welfare. (F)	School. (G)	Other. (H)					
1	161	807	253	222	74	112	8	18	130.0	80.5%	.200	.340
2	136	645	201	156	44	50	2	6	68.4	35.6%	.300	.530
3	205	985	282	233	35	92	1	3	62.3	15.8%	.400	.760
4	129	578	171	149	3	64	—	—	18.3	5.0%	.614	1.100
5	36	212	49	57	—	37	—	—	9.0	5.0%	.760	1.540
	667	3227	956	817	156	355	11	27	288	22.8%	.39	.71

\* The figures in column N are compiled on the assumption that all the milk is consumed by the children.

† In these figures the dried milk is estimated as the equivalent of 1 pint of fresh milk per day.

In the first group of 161 families, 88 families purchased no milk whatever. The total milk consumed by these 88 families was supplied by the Local Authority, and the average amount of milk per person per day worked out at .16 pints.

Only in Group 5 and, more remotely, in Group 4 does the consumption of milk approximate to the standard suggested as desirable in the recently published First Report of the Advisory Committee on Nutrition. In Appendix II of that Report one reads :—

“ The desirable amount of milk for children would seem from investigations of Sherman, Daniels, and others to be from one to two pints per day, and for expectant and nursing mothers, according to Mellanby and others, it is about two pints per day. In regard to other adults, there is a consensus of opinion that enough milk or milk products should be consumed to secure a sufficiency of calcium. Dietary surveys have shown that calcium and animal protein are very frequently deficient in diets in this country, but while deficiencies of animal protein can be made good by meat, fish, or eggs, the best and most convenient means of assuring a sufficiency of calcium is by including in the diet an adequate amount of milk, which would, of course, enrich the diet with all the other valuable nutrients, including protein, present in milk. It would seem that a minimum of 0.5 pint of milk daily is desirable for the adult.”

The average size of the family does not vary greatly in the five groups as shown in Table IV.

TABLE IV.

The average size of the family in Group 1 is 5.

The average size of the family in Group 2 is 4.7.

The average size of the family in Group 3 is 4.8.

The average size of the family in Group 4 is 4.5.

The average size of the family in Group 5 is 6.

TABLE V.

Size of Family.	Average amount of milk consumed in pints per day.	Percentage supplied by L.A.
families comprising more than 6 children ... ..	2.5	60%
families comprising 6 children ...	2.2	43%
"                  "      5      "      ...	2.4	41%
"                  "      4      "      ...	2.3	40%
"                  "      3      "      ...	2.0	26%
"                  "      2      "      ...	1.9	15%
"                  "      1 child ...	1.6	9%
"                  "      no children	2.1	14.3%

Table V shows that the average consumption of milk in a family does not materially increase with the number of children, and this in spite of the much greater amount of milk supplied by the Local Authority to those families with more children. That families containing a large number of children would require more assistance from the Local Authority than smaller families is generally to be expected, but the figures point to the danger that what the Local Authority intends to be supplementary may be used merely to supplant what would otherwise be purchased, and that no actual increase in milk consumption necessarily follows.

That in merely 25% of that section of the population among whom the public services chiefly exert themselves, does the milk consumption approach a reasonable standard, calls for serious consideration. The data obtained by the present inquiry should form interesting comparison for future investigations, and it is hoped that it may be possible to include related findings of a clinical nature.

## ELEMENTARY SCHOOLS.

### TABLE I.

Return of Medical Inspections, 31st December, 1936.

#### A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants ... ..	2758	
Second Age Group ... ..	2200	
Third Age Group ... ..	2058	
	7016	
Number of other Routine Inspections ... ..	181	
Total ... ..	7197	

#### B.—OTHER INSPECTIONS.

Number of Special Inspections ... ..	5179
Number of Re-inspections ... ..	19780
Total ... ..	24959

#### C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II A. (3)	Total. (4)
Entrants ... ..	68	434	492
Second Age Group ... ..	84	497	564
Third Age Group ... ..	120	342	439
Total (Prescribed Groups) ...	272	1,273	1,495
Other Routine Inspections ...	15	52	62
Grand Total ...	287	1,325	1,557= 21.6%

(In 1926 25.1% of the children examined were referred for treatment).

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1936.

Defect or Disease.						Routine Inspections.		Special Inspections.	
						No. of Defects.		No. of Defects.	
						Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Skin	...	...	Ringworm : Scalp	...	...	3	—	27	—
			Body	...	...	—	—	25	—
			Scabies	...	...	2	—	51	—
			Impetigo	...	...	15	—	541	—
			Other Diseases (Non-Tuberculous)	...	...	29	12	1254	—
Eye	...	...	Blepharitis	...	...	7	5	46	—
			Conjunctivitis	...	...	3	—	23	—
			Keratitis	...	...	—	—	3	—
			Corneal Opacities	...	...	1	—	—	—
			Other Conditions (excluding Defective Vision and Squint)	...	...	10	12	68	20
Ear	...	...	Defective Vision (excluding Squint)	...	...	287	167	372	163
			Squint	...	...	29	10	69	19
			Defective Hearing	...	...	113	72	38	15
			Otitis Media	...	...	54	17	123	10
			Other Ear Diseases	...	...	20	8	70	25
Nose and Throat	...	...	Chronic Tonsillitis only	...	...	158	618	24	32
			Adenoids only	...	...	24	29	16	4
			Chronic Tonsillitis and Adenoids	...	...	194	157	223	22
			Other Conditions	...	...	49	47	221	68
			Enlarged Cervical Glands (Non-Tuberculous)	...	...	6	23	22	9
Heart and Circulation	...	...	Heart Disease : Organic	...	...	11	5	7	8
			Functional	...	...	31	139	2	5
			Anæmia	...	...	7	5	4	1
Lungs	...	...	Bronchitis	...	...	111	145	29	9
			Other Non-Tuberculous Diseases	...	...	19	10	20	4
Tuberculosis	...	...	Pulmonary :						
			Definite	...	...	1	—	—	—
			Suspected	...	...	40	1	—	—
			Non-Pulmonary :						
			Glands	...	...	3	2	—	—
Nervous System	...	...	Bones and Joints	...	...	2	—	3	—
			Skin	...	...	—	—	—	—
			Other Forms	...	...	—	—	—	—
			Epilepsy	...	...	2	6	3	—
			Chorea	...	...	6	5	11	2
Deformities	...	...	Other Conditions	...	...	22	23	6	5
			Rickets	...	...	4	—	2	1
			Spinal Curvature	...	...	46	70	13	4
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	...	...	Other Forms	...	...	95	254	80	24
				...	...	213	122	808	403
Total number of Defects						1622	1986	4204	854

TABLE II.—Continued.

B.—Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	2578	272	9.8	2240	81.2	227	8.3	19	0.7
Second Age Group	2200	284	12.9	1685	76.8	229	10.4	2	0.1
Third Age Group	2058	344	16.6	1572	76.6	142	6.8	—	—
Other Routine In- spections ...	181	46	25.4	110	60.8	25	13.8	—	—
Total ...	7197	946	13.1	5607	77.9	623	8.7	21	0.3

TABLE III.

Return of all Exceptional Children in the Area.

## BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
4	—	—	—	4

## PARTIALLY SIGHTED CHILDREN.

Children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision are not to be included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	10	1	1	—	12

## DEAF CHILDREN.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
12	—	—	—	12

TABLE III.—Continued.

## PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	5	—	3	—	8

## MENTALLY DEFECTIVE CHILDREN.

## FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
60	26	10	9	105

## EPILEPTIC CHILDREN.

## CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children are included who are epileptic within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	4	2	1	12

TABLE III.—Continued.

## PHYSICALLY DEFECTIVE CHILDREN.

Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

## A.—TUBERCULOUS CHILDREN.

In this category are placed only cases diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling is such as to interfere materially with a child's normal mode of life. All other cases of tuberculosis regarded as being no longer in need of treatment are recorded as delicate children.

## I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
65	206	6	27	304

## II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category includes tuberculosis of all sites other than those shown in (I) above.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
11	46	3	4	64

## B.—DELICATE CHILDREN.

Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
21	81	—	1	103

TABLE III.—Continued.

## C.—CRIPPLED CHILDREN.

Children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
10	103	—	3	116

## D.—CHILDREN WITH HEART DISEASE.

Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	6	8

## CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Children suffering from any combination of the following types of defect :—

Blindness (excluding Partially Sighted Children).

Deafness (excluding Partially Deaf Children).

Mental Defect (Feeble-minded).

Severe Epilepsy.

Active Tuberculosis.

Crippling (as defined in Section C above).

Heart Disease.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Feeble-minded and Cripple ... ..	3	—	3	1	7
Epileptic, Cripple and Feeble-minded ...	1	—	—	—	1

TABLE IV.

Return of Defects treated during the Year ended  
31st December, 1936.

## TREATMENT TABLES.

Group I.—Minor Ailments (excluding uncleanness, for which  
see Group VI).

Defect or Disease.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp—			
(i) X-Ray Treatment ...	16	—	16
(ii) Other ... ..	9	2	11
Ringworm—Body ... ..	25	2	27
Scabies ... ..	51	1	52
Impetigo ... ..	542	12	554
Other Skin Diseases ...	1256	22	1278
Minor Eye Defects ... ..	154	8	162
(External and other, but ex- cluding cases falling in Group II.)			
Minor Ear Defects ... ..	330	34	364
Miscellaneous ... ..	1195	68	1263
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Totals ... ..	3578	149	3727

TABLE IV.—Continued.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	793	27	820
Other defect or disease of the eyes (excluding those recorded in Group I)...	3	—	3
Total ... ..	796	27	823
	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were			
(a) Prescribed ... ..	547	21	568
(b) Obtained ... ..	543	18	561

TABLE IV.—Continued.

## Group III.—Treatment of Defects of Nose and Throat.

## NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
12	16	323	25	6	—	13	—	18	16	336	25	505	900

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.

(iv) Other defects of the nose and throat.

## Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopædic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopædic clinic. (iii)	
Number of children treated	8	66	445	—	2	24	474

TABLE V.—Dental Inspection and Treatment.

(1) Number of Children inspected by the Dentist :—

(a) Routine age-groups

Age ...	5	6	7	8	9	10	11	12	13	14
Number	2524	2448	2454	2349	2641	2647	2494	2216	2115	692
Total										22580
(b) Specials ...	...	...	...	...	...	...	...	...	...	3897
(c) Total (Routine and Specials) ...	...	...	...	...	...	...	...	...	...	26477
(2) Number found to require treatment	...	...	...	...	...	...	...	...	...	15027
(3) Number actually treated	...	...	...	...	...	...	...	...	...	9340
(4) Attendances made by Children for treatment	...	...	...	...	...	...	...	...	...	15303
(5) Half-days devoted to:—										
Inspection	...	...	...	...	...	...	...	...	...	137
Treatment	...	...	...	...	...	...	...	...	...	1781
Total										1918
(6) Fillings :—										
Permanent Teeth	...	...	...	...	...	...	...	...	...	6069
Temporary Teeth	...	...	...	...	...	...	...	...	...	8
Total										6077
(7) Extractions :—										
Permanent Teeth	...	...	...	...	...	...	...	...	...	3474
Temporary Teeth	...	...	...	...	...	...	...	...	...	13333
Total										16807
(8) Administrations of General Anæsthetics for Extractions	...	...	...	...	...	...	...	...	...	3239
(9) Other Operations :—										
Permanent Teeth	...	...	...	...	...	...	...	...	...	562
Temporary Teeth	...	...	...	...	...	...	...	...	...	79
Total										641

TABLE VI.—Uncleanliness and Verminous Conditions.

(Figures for 1926 in parentheses).

(i.) Average number of visits per School made during the year by the School Nurses	...	...	...	26	(27)
(ii.) Total number of examinations of Children in the Schools by the School Nurses	...	...	...	64234	(43766)
(iii.) Number of individual Children found Unclean	...	...	...	1463	(4843)
(iv.) Number of Children Cleansed under arrangements made by the Local Education Authority	...	...	...	441	(124)
(v.) Number of cases in which Legal Proceedings were taken :—					
(a) Under the Education Act, 1921	...	...	...	—	(—)
(b) Under School Attendance Bye-laws	...	...	...	2	(24)

## SECONDARY SCHOOLS.

The medical inspection was carried out, as usual, at Taunton's, King Edward VI, Itchen Secondary School, Girls' Grammar School, and, in addition, the pupils at St. Anne's School were medically inspected for the first time.

At Taunton's School the arrangements for medical inspection remained excellent. At St. Anne's School the accommodation left something to be desired, but I understand that arrangements are in hand to overcome the difficulty experienced at this, the first, inspection.

More detailed reports of the work carried out at the Girls' Grammar School, King Edward VI School, and Itchen Secondary School are appended.

### GIRLS' GRAMMAR SCHOOL.

The outstanding event in connection with the Girls' Grammar School is its removal to the new premises in Hill Lane. Not only is this a much healthier situation, but its own playing fields lie all round it, and enable both physical education and recreation to be much more effectively provided. The gymnasium and the assembly hall can be used for drill and exercise in bad weather. In addition, the spacious kitchens and dining hall have made it possible to provide a good mid-day dinner for girls from a distance at 7d per day. Those who prefer to bring lunch can have a hot drink or milk in the morning, though this is not really so satisfactory.

There are some children who cannot afford this dinner, and consideration should be given to these cases.

The new school's accommodation allowed of a long list of entrants, mostly aged 10-12, with a sprinkling of older girls.

The dental condition was decidedly better, and most of the eye defects had been attended to. Frequent colds are a common complaint. Immediate change and a shower bath after games should help to improve this. The commonest defect was of posture, stooping and lateral curvature being frequently met with. One case was referred to the family doctor, the others being dealt with by remedial exercises or special rest at school. There is also a class at the school for flatfoot exercises.

As the inspections take place at intervals throughout the school terms, these cases can be seen repeatedly, if necessary.

The parents attend well, and are advised regarding diet, hours of sleep, general hygiene, and posture, as well as specific defects. Many girls go everywhere on bicycles, which may affect the posture and gait adversely.

#### KING EDWARD VI SCHOOL.

It is now over two years since the severe epidemic of diphtheria occurred, and a vigorous immunisation campaign was commenced.

It was considered desirable to determine the relative frequency of diphtheria immunees (over the age of 10 years) among Elementary and Secondary School boys, and an enquiry was made at Regent's Park Boys' School and King Edward VI School.

The result of the investigation proved that 147 boys out of a total number of 340 boys at Regent's Park Boys' School (i.e., 43% of the Elementary School boys) had been immunised.

At King Edward VI School, 126 boys out of a total of 392 boys (i.e., 32% of the Secondary School boys) had been immunised against diphtheria.

It is concluded that all the Secondary School boys, with few exceptions, had been immunised privately either in the Borough or elsewhere.

In the course of School Medical Inspection it is customary to enquire into the past immunisation history of entrants, and to refer to his own doctor any Secondary School boy who has not received any form of diphtheria prophylactic.

The attendance of parents was highest in the entrant age group. Parents have accompanied the elder boys when difficulties were present or suspected, and the medical officer was able to re-assure them as to the boys' condition, and refer them for treatment when necessary.

## KITCHEN SECONDARY SCHOOL, BOYS.

Inspection is carried out in the presence of the Headmaster, whose help is much appreciated by the medical officer. It is so easy for parents or the boys themselves to forget advice regarding treatment when they are unlikely to see the same Doctor again for some months. Pressure from the Headmaster, however, along similar lines is of much more enduring character. The medical officer in return can help to stress the value of a good mid-day meal in keeping up the boys' resistance to minor degrees of infection, such as septic fingers or the common cold. An admirable hot meal is provided daily at the relatively low cost of sixpence. Should this expenditure be beyond the parents' means, help is obtained from the Education Committee more frequently than has been the case in the past. A number of boys make a tiring journey home to receive a meal that is less nourishing and well-balanced than that provided at the school. A number of the younger boys suffer from nervous manifestations, such as slight speech defects, abnormal shyness, or restlessness at night. Excessive fatigue, either mental or physical, is probably the underlying factor in most of these cases. A good meal in the middle of the school day, and adequate time properly to digest it afterwards, is one of the best methods of combating such fatigue.

## KITCHEN SECONDARY SCHOOL, GIRLS.

The general attendance of parents at inspections is very satisfactory, and it is very gratifying to find such a high percentage of parents present, and to note the anxiety they show to fall in with any suggestions made for the child's welfare.

The School Authorities also do all they can to assist in carrying out the suggestions of the Medical Inspector.

One or two cases of stammering and other mild speech defects are probably due to the strain of modern high school curriculum.

## SECONDARY SCHOOLS.

TABLE I.

Return of Medical Inspections during the Year ended  
31st December, 1936.

### A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—

Entrants	...	...	...	...	...	...	304
Intermediates		...	...	...	...	...	261
Leavers	...	...	...	...	...	...	223
							— 788
Number of Special Inspections			...	...	...		37
Number of Re-inspections		...	...	...	...		218
							— 255
							—
				Total	...	...	1043
							—

TABLE I.—Continued.

B.—Number of Individual Pupils found at Routine Medical  
 Inspection to require Treatment  
 (excluding uncleanness and dental diseases).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups :			
Entrants      ...      ...      ...	304	43	14.1
Intermediates      ...      ...	261	36	13.8
Leavers      ...      ...      ...	223	27	12.1
Total (Code Groups)      ...	788	106	13.4

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended  
31st December, 1936.

Defect or Disease.					Routine Inspections. Number of Defects Found Requiring      Requiring Treatment.      Observation.	
Skin—Other Diseases	...	...	...		3	4
Eye—						
Defective Vision	...	...	...		48	4
Other ...	...	...	...		1	—
Ear—						
Defective Hearing	...	...	...		4	2
Other Diseases	...	...	...		1	—
Nose and Throat—						
Chronic Tonsillitis	...	...	...		4	8
Chronic Tonsillitis and Adenoids	...	...	...		1	3
Other Diseases	...	...	...		5	4
Defective Speech	...	...	...		4	1
Heart Disease—						
Functional	...	...	...		2	5
Anæmia	...	...	...		3	1
Lungs—						
Bronchitis	...	...	...		—	3
Other Non T.B.	...	...	...		—	2
Deformities—						
Spinal Curvature	...	...	...		22	8
Other ...	...	...	...		18	9
Other Diseases or Defects	...	...	...		8	3

TABLE IV.

Return of Defects treated during the Year ended  
31st December, 1936.

Group II.—Defects of Vision and Squint (excluding Minor Eye  
Defects treated as Minor Ailments).

Defect or Disease.  (1)	Number of Defects dealt with.		
	Under the Authority's Scheme.  (2)	By Private Practitioner or Hospital apart from L.A.'s Scheme.  (3)	Total.  (4)
Errors of Refraction (including Squint) ... ..	28	35	63
Other Defect or Disease of the Eyes	—	—	—
Totals ... ..	28	35	63

Total number of Children for whom Spectacles were prescribed :

(a) Under the Authority's Scheme	...	...	16
(b) Otherwise	...	...	23

Total number of Children who obtained or received Spectacles :

(a) Under the Authority's Scheme	...	...	16
(b) Otherwise	...	...	23

Group III.—Treatment of Defects of the Nose and Throat.

Received Operative Treatment.			Received other forms of treatment.	Total treated.
Under the Authority's Scheme in Clinic or Hospital. (1)	Otherwise.  (2)	Total.  (3)		
—	2	2	5	7

TABLE IV.

Secondary School Children treated in 1936.

Group IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

		Age.						
Routine Age Groups	{	5	...	—	}	Total	...	2124†
		6	...	—				
		7	...	—				
		8	...	—				
		9	...	—				
		10	...	63				
		11	...	228				
		12	...	320				
		13	...	400				
		14	...	392				
		15	...	311				
		16	...	309				
		17	...	87				
		18	...	14				
Specials	...	...	...	...	...	...	...	61
Grand Total							...	2185

(b) Found to require treatment ... 658

(c) Actually treated ... 256

(2) Half-days devoted to : { Inspection 21 }  
Treatment —† ... Total 21

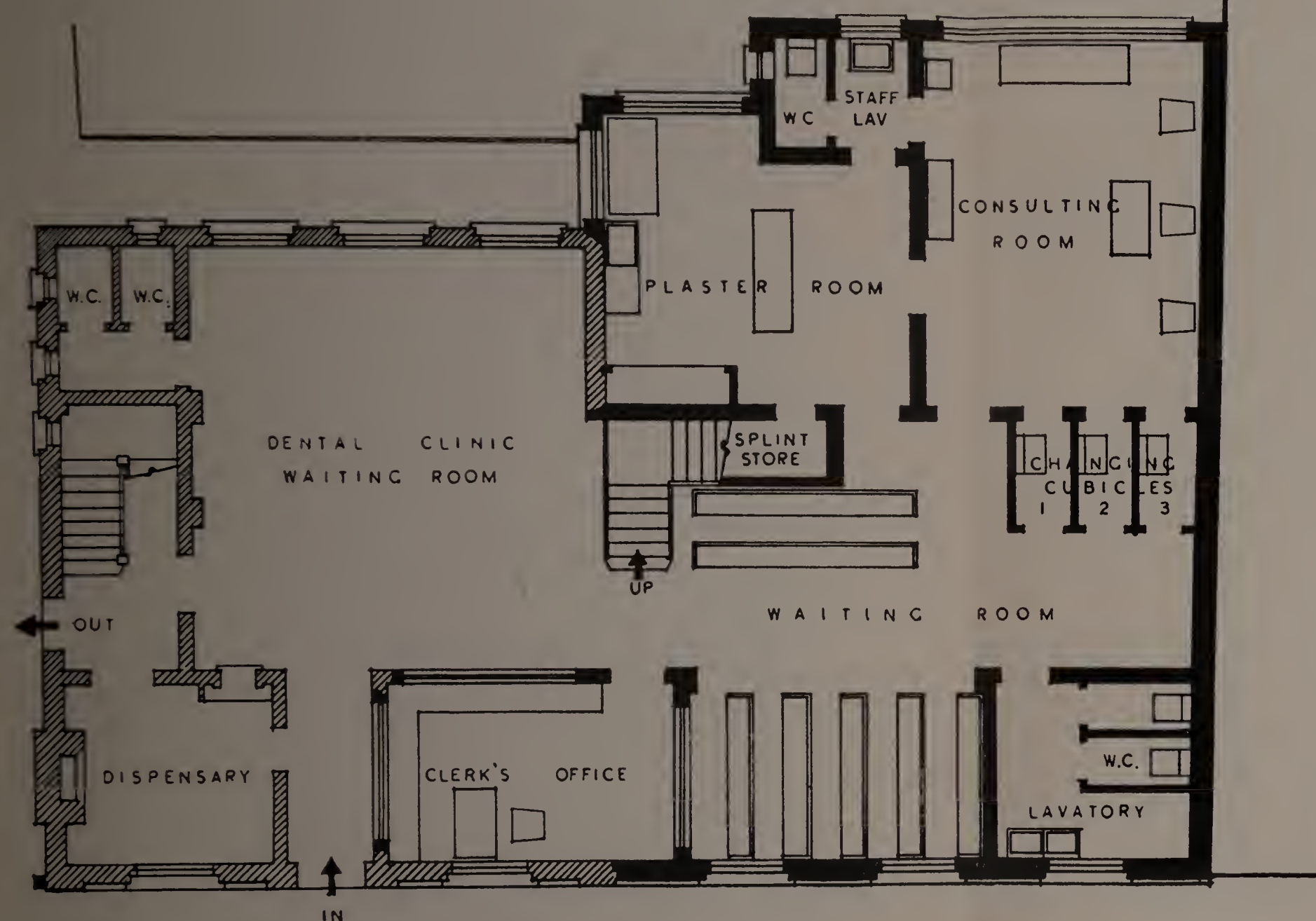
(3) Attendances made by Children for Treatment ... 556

(4) Fillings { Permanent Teeth 559 }  
Temporary Teeth — ... Total 559(5) Extractions { Permanent Teeth 115 }  
Temporary Teeth 31 ... Total 146

(6) Administrations of General Anæsthetics for Extractions 33

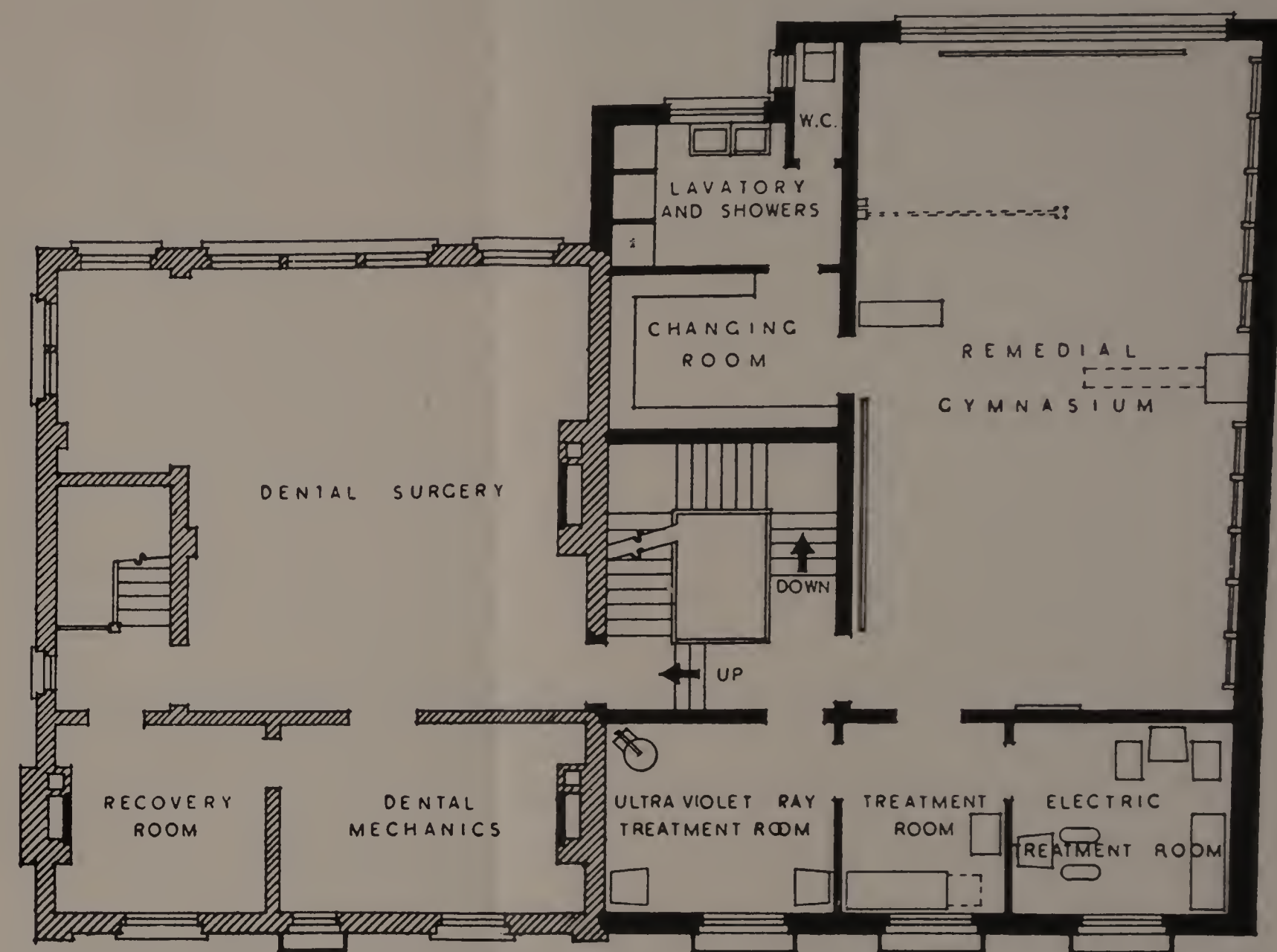
(7) Other Operations { Permanent Teeth 53 }  
Temporary Teeth 13 ... Total 66

† Inspection was carried out in Secondary schools, but no special sessions were devoted to treatment.



CARDIGAN ROAD

GROUND FLOOR PLAN



FIRST FLOOR PLAN

H C MAURICE WILLIAMS  
MEDICAL OFFICER OF HEALTH  
SOUTHAMPTON

COUNTY BOROUGH OF SOUTHAMPTON  
PROPOSED ORTHOPÆDIC CLINIC — CARDIGAN ROAD

SCALE OF FEET

S. G. STANTON M.I.C.E.  
BOROUGH ENGINEER  
SOUTHAMPTON  
DRAWN BY: D.A.C.

APRIL 1937

